MAXIMUS Federal Services

Case Number:	CM15-0056433		
Date Assigned:	04/01/2015	Date of Injury:	05/29/2012
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on May 29, 2012. The injured worker had reported neck, back and wrist pain. The diagnoses have included left carpal tunnel syndrome, degenerative joint disease of the thoracic spine, cervical mechanical neck pain, headaches and abdominal hernia status post repair. Treatment to date has included medications, radiological studies, electrodiagnostic studies, aquatic therapy, physical therapy, home exercise program and bilateral hand surgery. The injured workers pain was noted to be decreased with his current medications. Current documentation dated February 19, 2015 notes that the injured worker reported neck, mid back and right wrist pain. He also noted intermittent hernia pain with movement. Physical examination of the neck revealed pain and a limited range of motion. Examination of the thoracic spine revealed tenderness of the myofascial tissues. Examination of the right wrist revealed tenderness of the dorsal aspect with radiation to the right dorsal forearm and lateral elbow. Right wrist range of motion was noted to be decreased. The treating physician's plan of care included a request for Norco 10/325 mg # 60 for purposes of completing Opioid taper for discontinuation over the course of the next 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg q8h #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76, 77, 90, 78, 43, 74, 86, 80, 82, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.