

Case Number:	CM15-0081634		
Date Assigned:	05/04/2015	Date of Injury:	01/05/2006
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male with an industrial injury dated 01/05/2006. His diagnoses included neck pain, cervical disc degeneration and sprain of neck. Prior treatment included medications and diagnostics. He presents on 03/23/2015 for follow up of cervical pain. Physical exam revealed neck range of motion to be "ok." Arm strength was equal, bilaterally times 3. Left hand had reduced light touch over the median nerve distribution. Treatment request included Norco for pain management. The provider documents pain level without medication is 10/10 and with medication is 2/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120 with three refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for neck pain. When seen, he was continuing to work as a systems administrator. He was having intermittent left sided dysesthesias. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. Medications are referenced as decreasing pain from 10/10 to 0-2/10 with improved quality of life. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction, medications are providing excellent pain relief, and the claimant is working. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Continued prescribing of Norco was medically necessary.