

Case Number:	CM15-0232920		
Date Assigned:	12/08/2015	Date of Injury:	03/09/2011
Decision Date:	01/14/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/30/2015

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 York

Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on March 09, 2011. The worker is being treated for cervical facet pain, possibility of cervical radiculopathy, right shoulder adhesive capsulitis, rotator cuff tendonitis, insomnia, GERD, and right lateral epicondylitis. Subjective: June 2015 he reported complaint of right shoulder and thoracic back pain and neck pain associated with headaches. There is noted intermittent numbness and tingling in the right third and fourth digits. July 2015 he reported difficulty obtaining Voltaren gel. Medication: Voltaren gel and Nortriptyline. June, July 2015 prescribed Norco, Gabapentin, Omeprazole, Voltaren gel. Treatment: modified activities, medication, and previous 2012 injection. On October 28, 2015 a request was made for Norco 5mg 325mg #60 that was non-certified by Utilization Review on November 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.