

Case Number:	CM14-0186118		
Date Assigned:	11/14/2014	Date of Injury:	07/05/2008
Decision Date:	12/16/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 47 year old male claimant who sustained a work injury on July 5, 2008 involving the neck, low back and arm. She was diagnosed with facet joint syndrome, cervical spondylosis and chronic shoulder pain. Exam findings on October 22, 2014 indicated he had decreased sensation over the entire right leg. Range of motion of the cervical spine was reduced. There was tenderness in the paravertebral cervical regions. His pain level was 6/10. The physician requested continuation of hydrocodone/Acetaminophen (Norco) for pain 4 times daily. The claimant had been on hydrocodone for several months. In April 2014, he had been on hydrocodone at which time his pain was 6/10 as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco (Hydrocodone and APAP) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for

neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.