

Case Number:	CM14-0042390		
Date Assigned:	06/30/2014	Date of Injury:	08/31/2006
Decision Date:	08/19/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 45-year-old male was reportedly injured on August 31, 2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 19, 2014, indicated that there were ongoing complaints of cervical spine pain, left sided thoracic pain, and right carpal tunnel syndrome pain. Current medications include Norco, Biofreeze, Voltaren gel, Ducoprene, Prilosec, and lactulose. The injured employee stated that his pain averages at the mild to moderate level on pain medications, and without his pain medications it is moderate to severe. Medications are stated to last for several hours at a time, and with them he is able to tolerate his daily activities. No adverse reactions were noted. The physical examination demonstrated ambulation in a grossly symmetric fashion. Diagnostic imaging studies of the lumbar spine showed disc protrusions at L4-L5 and L5-S1. An MRI of the thoracic spine showed degenerative disc changes at T11-T12. An MRI the cervical spine showed degenerative disc changes and a disc protrusion at C6-C7. A request had been made for Norco and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 76, 89, 78, 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The California MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain and states that Norco decreased his pain and helped improve his ability to function. Also, no adverse effects were noted with the use of this medication. Therefore, this request for Norco is medically necessary.