

Case Number:	CM14-0099823		
Date Assigned:	07/28/2014	Date of Injury:	01/07/2005
Decision Date:	10/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 68-year-old female was reportedly injured on January 7, 2005. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated April 9, 2014, indicates that there were ongoing complaints of neck pain radiating down the right upper extremity. Current medications include Norco, Lyrica, and Voltaren gel, which were stated to be working without any side effects. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the paravertebral muscles on the right greater than the left side. There was a positive right-sided Spurling's test. The physical examination of the right shoulder noted decreased range of motion and a positive Hawkins test, Empty Can tes, and Neer's test. There was also tenderness over the acromioclavicular joint, biceps tendon groove, glenohumeral joint, and the rotator cuff muscles. There was a normal upper extremity neurological examination. Diagnostic nerve conduction studies of the upper extremities revealed borderline evidence of a right-sided carpal tunnel syndrome. An MRI of the cervical spine revealed extensive disc/osteophyte bridging from C2 through T1. There was neural foraminal narrowing on the right side at C4-C5 and a disc protrusion at C6-C7. Previous treatment included cervical spine epidural steroid injections. A request had been made for Norco 10/325 and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS Guidelines support short-acting opiates at 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; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.