

Case Number:	CM14-0212600		
Date Assigned:	12/30/2014	Date of Injury:	10/13/2010
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California
 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 patient is an injured worker with a history of cervical spine, lumbar back, carpal tunnel syndrome, and surgery of the ulnar nerve. Date of injury was October 13, 2010. MRI magnetic resonance imaging of the cervical spine dated January 23, 2014 demonstrated degenerative disc disease. The patient had surgery of the ulnar nerve in both arms. The primary treating physician's progress report dated November 12, 2014 documented neck and limb pain. The patient states that Norco takes the edge off the pain. Urine drug screen was performed. Norco 10/325 mg every 8 hours quantity #90 was prescribed. The primary treating physician's progress report dated December 10, 2014 documented subjective complaints of neck pain radiating to the upper extremities region. Norco continues to take the edge off the pain. Physical examination was documented. There is stiffness in the cervical paravertebrals as well as in the trapezius bilaterally. Flexion and extension is restricted. Spurling maneuver is positive for radiating pain to bilateral upper extremities. Palpation over the acromioclavicular joint and greater tuberosity of the shoulder is painless. There is no tenderness in the subacromial space of the shoulder to palpation. Patient does have restricted range of motion in abduction, internal and external rotation. There is well-healed surgical incision from ulnar surgery bilaterally. Right tinel sign is positive. Diagnoses included status post right ulnar decompression at the elbow and submuscular atrophy for severe cubital tunnel syndrome, right medial epicondyloplasty, partial medial epicondylectomy for medial epicondylitis, cervical sprain, status post bilateral elbows surgeries, cervical degenerative disc disease, lumbar strain, lumbar radiculitis, right carpal tunnel

syndrome, and status post ulnar nerve transposition on left side. The treatment plan included Norco 10/325 mg one tablet every 8 hours quantity #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, every 8 hours as needed, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Hydrocodone/Acetaminophen Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document objective evidence of pathology. Medical records document objective physical examination findings. Imaging studies document evidence of pathology. No adverse side effects were reported. Analgesia was documented. Evaluation for aberrant behavior was documented. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request Hydrocodone/Acetaminophen is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325mg po 8hr prn #90 is medically necessary.