

Case Number:	CM14-0213646		
Date Assigned:	12/31/2014	Date of Injury:	12/26/2011
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, Texas
 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 39 year old man with a work related injury dated 12/26/11 resulting in chronic pain in the upper and lower extremities. The patient was evaluated by the primary treating physician on 12/2/14. The patient notes an improved level of pain and function with the use of oral analgesic medication. His treatment has included physical therapy and opioid analgesic medications, Gralise ER, Gabapentin, and Tramadol. The diagnosis includes status post right shoulder slap lesion repair 7/10/12, strain/sprain cervical spine superimposed on 1-2 mm posterior disc bulge at T3-4; 2MM at C3-4 and T2-3. The plan of care included possible spinal cord stimulator trial and continued use of current analgesic medications. Under consideration is the continued use of Norco 10/325mg #150 which was denied during utilization review dated 12/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opiod agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continueing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation supports that the patient has improved functional status and pain control while taking this medication. The patient is being properly monitored with frequent doctors visits. There is no documentation supporting drug dependence or adverse drug effects. The use of norco 10/325mg is medically appropriate.