

Case Number:	CM14-0089081		
Date Assigned:	07/23/2014	Date of Injury:	04/03/2013
Decision Date:	06/16/2015	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/13/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 58 year old male who sustained an industrial injury in a fall on 04/03/2013. He reported injury to the left arm and wrist, as well as his neck shoulders, mid and lower back and legs. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain with severe degenerative disc disease at C3 through C7; thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and moderate degenerative disc disease; bilateral shoulder sprain/strain with possible old left acromioclavicular joint separation distal clavicle fracture; post-operative development abscess at anterior neck intubation site and subsequent emergency surgery; left wrist fracture with pin; onset diabetes post operatively/steroid use; gastrointestinal hypertension secondary to medication use. Treatment to date has included surgical repair of the left wrist fracture, hospitalization for the throat abscess, treatment for the diabetes and hypertension, chiropractic treatment, physical therapy, and medications for pain. Currently, the injured worker complains of worsening pain. There is a current request for Norco 10/325mg #90, CT scan of the lumbar spine, and 1 Follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the medication is helping with reducing his pain and improving his function. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. There is documentation of urine drug screens being ordered however, the results are not found in the submitted documentation. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.