

Case Number:	CM15-0101611		
Date Assigned:	06/04/2015	Date of Injury:	10/26/1999
Decision Date:	07/03/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency 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 (IW) is a 57-year-old female who sustained an industrial injury on 10/26/1999. Diagnoses include neck strain and degenerative disc disease of the cervical spine. Treatment to date has included medications. An MRI of the cervical spine on 9/12/14 showed posterior disc bulging at C5-C6 and C6-C7 and facet degenerative changes. According to the progress report dated 5/12/15 the IW reported chronic neck pain radiating to the right shoulder; she stated pain is worse when turning her head, bending over and weight bearing. She indicated the pain is also worse when she is stressed. Claims she occasionally drops objects. On examination, the neck muscles were tense and stiff with rotation; there was slight swelling and crepitus with range of motion. Right hand grip strength and sensation was decreased. A request was made for Norco 10/325mg, #120 for pain reduction; the IW rated her pain 3-4/10 with the medication and 10/10 without it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has continued severe pain and significant limitation in function despite being on Norco chronically. Provider has failed to document any objective improvement in pain or function and only subjective claims of improvement. There is no documentation concerning long-term plan for pain management. Documentation fails to support continued use of Norco. Therefore, the request is not medically necessary.