

Case Number:	CM15-0106235		
Date Assigned:	06/10/2015	Date of Injury:	02/09/2012
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: 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:

This 33 year old male sustained an industrial injury to the neck on 2/9/12. Previous treatment included cervical fusion. In the only documentation submitted for review, a PR-2 dated 5/12/15, the injured worker complained of increased neck pain despite using Oxycodone 10mg twice a day. The injured worker was concerned about noncertified-progressive right arm weakness since the injury. The injured worker stated that after five minutes of using the hand, the hand cramped. Physical exam was remarkable for decreased right grip strength. Cervical flexion caused tightness. Extension caused neck pain. Current diagnoses included status post cervical fusion with chronic right C7 radiculopathy, cervical disc bulge with facet arthropathy and facet syndrome and bilateral C7-T1 facet arthropathy. The treatment plan included multiplanar computed tomography from C2 to C7, electromyography of bilateral upper extremities, stopping Oxycodone and starting Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 2 tablets BID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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. Guidelines state, that prior to initiation of opiate pain medication, informed consent should be obtained and objective treatment goals should be discussed. Within the documentation available for review, there is no indication that the requesting physician has documented the patient's recent pain score or objective functional deficits which are to be addressed with the currently requested medication. Additionally, there is no indication the informed consent has been obtained prior to initiating opiate pain medication. As such, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.