

Case Number:	CM15-0010007		
Date Assigned:	01/27/2015	Date of Injury:	08/27/2001
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/16/2015

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: 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 female, who sustained an industrial injury on 8/27/01. She has reported back pain. The diagnoses have included neuralgia, neuritis and radiculitis, osteoporosis, depressive disorder and reflex sympathetic dystrophy of the upper limb. Treatment to date has included back surgery times two, medications and trigger point injections. Currently, the Injured worker complains of back and neck pain. The injured worker noted without medications her pain level rises and she is completely incapable of any meaningful activities of daily living. Physical exam noted multiple areas of possible spasm and triggering appreciated in the left greater than right cervical paraspinal muscles left trapezius and rhomboid muscles. The lumbar spine is markedly tender at surgical scar. On 1/13/15 Utilization Review submitted a modified certification Norco 10/325mg, #120 to # 60, noting there is no evidence of objective functional improvement documented and the modification is for weaning. The MTUS, ACOEM Guidelines, was cited. The injured worker submitted an application for IMR for review of Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

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

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 continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case there is not documentation to support functional improvement while taking Norco.