

Case Number:	CM15-0016461		
Date Assigned:	02/04/2015	Date of Injury:	05/31/1996
Decision Date:	07/08/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/28/2015

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:

The injured worker is a 52 year old female, who sustained an industrial injury on 05/31/1996. She has reported injury to the neck. The diagnoses have included cervical spondylosis at C4-C5, C5-C6, and C6-C7; cervical degenerative disc disease; cervical myelopathy; and cervical radiculopathy. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Norco and Gabapentin. A progress note from the treating physician, dated 12/15/2014, documented a follow-up visit with the injured worker. The injured worker reported severe constant neck pain and ongoing residual numbness in her left greater than right arm/hand; the increased dose of Gabapentin has helped modestly; she continues to use Norco 7.5 mg about three times a day for episodes of breakthrough pain; and she was authorized for 12 sessions of physical therapy, but never went as it was far from her home. Objective findings included decreased range of motion of the cervical spine due to pain; and generalized tenderness across the mid and lower cervical spine, worse with rotation and flexion. The treatment plan has included the request for Norco 7.5/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 98-99.

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. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). 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.