

Case Number:	CM15-0016510		
Date Assigned:	03/09/2015	Date of Injury:	06/02/2005
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/27/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported an injury on 06/02/2008. The mechanism of injury was repetitive activity and heavy lifting. The injured worker was noted to undergo cervical spine surgery. The injured worker was utilizing pantoprazole 20 mg #60 for GI symptoms, ketamine 5% cream for neuropathic pain and hydrocodone 5/325 mg #42 for breakthrough pain. There was a request for authorization submitted for review dated 01/21/2015. The documentation of 01/16/2015 revealed the injured worker was in the office to refill medications. The injured worker was noted to undergo a barium swallow and a cervical MRI as well as bilateral upper extremity EMG. The injured worker's medications included Norco 5/325 mg 1 by 3 times a day as needed not to exceed 3 per day quantity 42. The diagnosis was pain in joint, shoulder and forearm, syndrome postlaminectomy cervical, and cervical disc displacement without myelopathy. The subsequent documentation of 01/28/2015 revealed an appeal for the requested medication hydrocodone 5/325 mg. The documentation indicated the injured worker had discontinued hydrocodone on 01/09/2014 and the request was made for hydrocodone 5/325 mg #42 for date of service 01/16/2015. It was documented the injured worker was utilizing hydrocodone for breakthrough pain. The injured worker indicated her pain level without medications was 5/10/ to 8/10 and with medications was a 3/10. The injured worker indicated she was able to reduce pain long enough to allow for normal activities such as self care, housework, gardening and driving. The injured worker underwent a urine drug screen and a CURES report. As such, the request was resubmitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg tablet #42: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective functional improvement, an objective decrease in pain, and documentation injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective improvement in function and was being monitored for aberrant drug behavior. The side effects were noted to be managed with Protonix. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg tablets #42 is not medically necessary.