

Case Number:	CM15-0017894		
Date Assigned:	02/05/2015	Date of Injury:	01/23/2012
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/30/2015

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, California
 Certification(s)/Specialty: Family Practice

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 57 year old male who sustained a work related injury on January 23, 2012, after being in a motor vehicle accident striking a concrete wall. His injuries included neck, shoulder and low back. Treatment included physical therapy, shoulder injection, Magnetic Resonance Imaging (MRI) of the shoulder, shoulder surgery, and medications. Currently, upon examination on December 11, 2014, the injured worker complained of persistent headaches, neck pain, and lumbar pain. In 2014, a Magnetic Resonance Imaging (MRI) revealed widespread degenerative disease. Diagnoses included mechanical back pain, internal derangement of the left shoulder and a cervical strain. On February 5, 2015, a request for a prescription of Hydrocodone/APAP 10/325mg six times daily, was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg (unknown quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco (hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco and Amytryptiline for over 6 months . The pain reduction attributed to Norco cannot be determined. There was no indication of Tylenol failure. Weaning was not attempted. The continued use of Norco is not medically necessary.