

Case Number:	CM15-0112600		
Date Assigned:	06/19/2015	Date of Injury:	01/08/2007
Decision Date:	07/20/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/11/2015

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 55-year-old female, who sustained an industrial injury on 01/08/2007. The injured worker is currently unable to work indefinitely and permanent and stationary. The injured worker is currently diagnosed as having cervical disc degeneration, neck pain, shoulder arthralgia, and depressive disorder. Treatment and diagnostics to date has included medications. In a progress note dated 03/24/2015, the injured worker presented with complaints of still awakening during the night from the pain despite a higher dose of nortriptyline and methadone and rated pain 4/10 on the pain scale with medications and 9/10 without medications. Location of pain not stated in progress note. Objective findings include neck tenderness with increased muscle tone posteriorly. The treating physician reported requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Norco 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 for over 6 months in combination with a Tricyclic. Recently the claimant required the addition of Methadone for nighttime pain- indicating tolerance to medications. Pai response to Norco vs. Tricyclic cannot be determined. Tylenol failure is not determined. Weaning attempt was not documented. The continued use of Norco is not medically necessary.