

Case Number:	CM15-0115520		
Date Assigned:	06/23/2015	Date of Injury:	04/13/2010
Decision Date:	09/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 25 year old female, who sustained an industrial injury on 4/13/2010. The mechanism of injury is unclear. The injured worker was diagnosed as having cervical disc herniation, left upper extremity radicular pain, left shoulder sprain and strain rule out internal derangement. Treatment and diagnostics to date has included medications, and electrodiagnostic studies. The request is for Norco (hydrocodone) 10/325 mg #30. On 5/18/2015, she complained of neck and left shoulder pain. She rated the neck pain 7/10, and left shoulder pain 7/10. She indicated the neck pain to radiate down the arms right greater than left. She reported that Norco helps bring her pain down from 8 to a 4, and allows her to do basic activities of daily living. The treatment plan included: obtain electrodiagnostic study report, and a refill on Norco. The provider noted there were no signs of abuse. On 6/8/2015, she complained of neck pain rated 9/10 with radiation down to the right hand, with weakness and numbness. She also complained of low back pain rated 5-6/10, bilateral shoulder pain rated 8-9/10, right elbow pain rated 9/10, and right hand pain rated 9/10. She is not currently working. The treatment plan included: spine surgeon consultation, obtain electrodiagnostic study report, and prescriptions for Norco and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone) 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines note that in order to support opioids use for chronic non-malignant pain, there should be improvement in pain and function. The medical records note improved pain levels in a visual analog scale and there is improved function. While the long-term use of opioids is not supported per the MTUS guidelines, the medical records note that treatment plan includes a spine surgeon consultation. There is no evidence of abuse or diversion, and the current morphine equivalent dosage is below the ceiling recommended by the MTUS guidelines. The request for Norco (Hydrocodone) 10/325mg #90 at this juncture is medically necessary and appropriate.