

Case Number:	CM15-0122806		
Date Assigned:	07/14/2015	Date of Injury:	05/22/2012
Decision Date:	09/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 female, who sustained an industrial injury on 5/22/12. The mechanism of injury was not documented. The injured worker was diagnosed as having myofascial pain syndrome, cervical spina stenosis and cervical degenerative disc disease. Treatment to date has included oral medications including Norco and Zanaflex; physical therapy, trigger point injections, cervical epidural steroid injections and myofascial therapy. Currently on 6/9/15, the injured worker complains of neck/upper back pain, rated 4/10 with radiation to right shoulder which is getting worse and intermittent paresthesias when sleeping on right side. She notes acute flare up of cervical pain has resolved. She notes she walks 3 miles a day. Work status is noted as resume/continue usual and customary work. Physical exam on 6/9/15 revealed restricted cervical range of motion with pain and tenderness of paravertebral muscles on both sides. Spurling's maneuver did not produce pain in neck or radicular symptoms in the arm. The treatment plan included cervical facet injections, icing, referral for pain management and injured worker has self-weaned off Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit, intensity of pain following administration of medication or documentation of appropriate medication use including a toxicology screening or signed opioid contract. Work status is noted as resume/continue usual and customary work. Medical necessity of the requested item has not been established. Of note, documentation notes the injured worker has self-weaned form Norco. The request for Norco is not medically necessary.