

Case Number:	CM15-0171262		
Date Assigned:	09/11/2015	Date of Injury:	09/14/2000
Decision Date:	10/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male, who sustained an industrial injury on 9-14-2000. Medical records indicate the worker is undergoing treatment for cervical spine discopathy, lumbar spine discopathy and headaches. A recent progress report dated 8-7-2015, reported the injured worker complained of low back pain rated 8 out of 10, mid back pain, neck pain, head pain rated 9 out of 10, bilateral shoulder pain rated 6 out of 10 and bilateral knee pain rated 7 out of 10. Physical examination revealed tenderness, spasm and tightness in the paralumbar musculature. Treatment includes Norco, Soma and Valium. On 8-7-2015, the Request for Authorization requested Norco 10-325mg #90. On 8-20-2015, the Utilization Review modified the request for Norco 10-325mg #90 to #30 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in September 2000 and continues to be treated for pain throughout the spine and bilateral knee and shoulder pain. When seen, pain was rated at 6-8/10. Physical examination findings included decreased and painful lumbar spine range of motion with paralumbar muscle tenderness, spasms, and tightness. Norco is referenced as reducing pain and allowing the claimant to perform some activities of daily living. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through measures VAS scores or specific examples of increased level of function or improved quality of life. Continued prescribing was not medically necessary.