

Case Number:	CM15-0174266		
Date Assigned:	09/16/2015	Date of Injury:	02/07/2007
Decision Date:	10/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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 53 year old male who sustained an industrial injury on 2-7-07. Progress report dated 7-30-15 reports continued complaints of carpal tunnel pain more on the right side than the left hand. He also have complaints of neck pain. He will start acupuncture. He reports increased function with medications and reduction in pain. The wrist brace is helpful. The pain is rated 4-5 out of 10 with medications and 8 out of 10 without medications. Diagnoses include: cervicgia, postlaminectomy syndrome of cervical region, spasm of muscle, brachial neuritis or radiculitis and migraine without aura. Plan of care includes: completed 18 out of 18 cognitive behavior therapy sessions, request continued treatment, start acupuncture and continue medications; topamax, norco, remeron and lidoderm patch. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Overturned

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 for chronic pain.

Decision rationale: The claimant sustained a work injury in February 2007 and is being treated for neck pain and bilateral hand and wrist pain with diagnoses including carpal tunnel syndrome and there is a history of a cervical fusion. Medications are referenced as decreasing pain from 8/10 to 4-5/10. He was having severe neck spasms and acupuncture treatments were pending. Physical examination findings included decreased cervical and right shoulder range of motion. There was cervical and shoulder tenderness. Spurling's testing caused neck pain without radicular symptoms. Norco was continued at a total MED (morphine equivalent dose) of 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. When the request was made there were no identified issues of abuse or addiction and medications were providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.