

Case Number:	CM15-0060483		
Date Assigned:	04/06/2015	Date of Injury:	01/10/2012
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 40-year-old female with an industrial injury dated January 10, 2012. The injured worker diagnoses include status post cervical laminoplasty on 10/22/2014 for progressive cervical myelopathy and postoperative pain. She has been treated with diagnostic studies, prescribed medications, facet joint injections, physical therapy, activity modifications, and periodic follow up visits. According to the progress note dated 1/26/2015, the injured worker reported slowly improving neck pain. The injured worker also reported improved upper extremity numbness and weakness, gait imbalance and hand weakness since laminoplasty. Objective findings revealed tenderness to palpitation, muscle spasms and limited range of motion in the cervical spine. The treating physician prescribed Norco 10/325mg #180 (per 03/09/15 order).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 (per 03/09/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids for chronic pain Page(s): 101, 78-80, 124, 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1; 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that the present provider used first-line medications before starting opioid therapy or that the provider is appropriately monitoring this patient for the safe use of opioids. Additionally the patient has been given prescriptions for 180 tablets of Norco for at least the last three months yet the provider's description of patient use of the medication is that it is being used only at nighttime. This use pattern would not require 180 tablets per month which again brings into question the safe use of this medication. Medical necessity for continued use of this medication has not been established.