

Case Number:	CM15-0062037		
Date Assigned:	04/07/2015	Date of Injury:	12/19/1998
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on 12/19/1998. He has reported subsequent shoulder, wrist, back, knee and ankle pain and was diagnosed with bilateral carpal tunnel syndrome, bilateral ulnar neuritis, lumbar sprain/strain, left ankle strain/sprain, status post bilateral knee arthroscopy and status post bilateral carpal tunnel release. Treatment to date has included oral pain medication. In a progress note dated 03/02/2015, the injured worker complained of low back pain radiating to the bilateral legs and right foot as well as left shoulder pain. The injured worker also states that he takes 1/2 norco three times a day with decreased pain and improved function. The pain would decrease from a 9/10 to a 5/10 with the medicine, however he also gets dizzy and has sweats with the medicine. Objective findings were notable for tenderness of the lower lumbar spine and decreased range of motion of the lumbar spine. In a progress note dated 04/07/2015, the injured worker states he takes norco 2 to 3 times a day. The reviewing doctor states the progress note dated 01/05/2015, that the injured worker takes the medicine twice a day. That reviewing doctor modified the request of Norco from #120 to #60. A request for authorization of a Norco refill was made and in the subsequent visits that request was for #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Norco 10/325mg/tab #120 (Duration and frequency, unspecified), Refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88, 91 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no objective indication that the medication is improving the patient's function (in terms of specific objective functional improvement), and no discussion regarding aberrant use. In addition, the injured worker states they use the medication either two times a day or three times a day. As such, there is no clear indication for #120 of the medication. Until the above issues are clarified, the currently requested Norco (hydrocodone/acetaminophen) #120 is not medically necessary.