

Case Number:	CM15-0067887		
Date Assigned:	04/15/2015	Date of Injury:	06/28/2004
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 38 year old female, who sustained an industrial injury on 6/28/2004. Diagnoses include L5-S1 and L4-5 disc herniation with radiculopathy, lumbar neuralgia/neuropathy, cervical disc herniation with radiculopathy, cervical neuropathy/neuralgia, migraine headaches, morbid obesity and fibromyalgia. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and computed tomography (CT) scan, medications, exercises, stretching and heat. Per the Pain Management Consultation Report dated 2/26/2015, the injured worker reported low back, neck and bilateral ankle injuries. She reports constant low back pain rated as 10-12/10. She reports achiness, pain and muscle spasms in both legs rated as 10/10. There is constant middle back pain rated as 10-12/10. Neck pain is a constant ache. She has headaches in the neck and the back to the front of the head rated as 8/10 and worse with severe back pain. Physical examination revealed all ranges of motion in the cervical spine produce neck pain. Pinwheel testing revealed hypoesthesia over the right C7 and left T2 dermatomes. There was positive left and right shoulder depression. Soto Hall testing produced neck and upper back pain. Palpation of the sub occipital region produced pain. The plan of care included medications and authorization was requested for Hydrocodone/APAP (Norco) 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (Norco) 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic 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 indication that the medication is improving the patient's function or pain as the patient complained of 10 to 12/10 level of pain despite being on Norco. Furthermore, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.