

Case Number:	CM15-0069156		
Date Assigned:	04/16/2015	Date of Injury:	09/27/2012
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 52 year old male, who sustained an industrial injury on September 27, 2012. The injured worker was diagnosed as having cervical and lumbar sprain, lumbar radiculitis and cervical and lumbar disc displacement. Treatment and diagnostic studies to date have included chiropractic, physical therapy, acupuncture, magnetic resonance imaging (MRI) and medication. Several documents within the submitted medical records are difficult to decipher. A progress note dated March 12, 2015 provides the injured worker complains of neck and back pain that radiates to left leg. He rates it 9/10 with weakness. Physical exam notes mild distress, difficulty rising from sitting, and antalgic gait. The plan includes lab work, medication and magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5 Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medications 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, a progress note on 1/21/2015 indicated the patient continue to have 9 out of 10 pain despite use of Norco. There is no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, the patient is concurrently prescribed both Norco and Vicodin with clear documentation of rationale. 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.