MAXIMUS Federal Services

Case Number:	CM15-0074863		
Date Assigned:	04/24/2015	Date of Injury:	02/06/2008
Decision Date:	05/29/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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 59-year-old male with an industrial injury dated February 6, 2008. The injured worker's diagnoses include neck pain, cervical degenerative disc disease, cervical spondylosis, cervical discogenic pain, low back pain, lumbar degenerative disc disease, lumbar spinal stenosis, left hip pain, left hip labral tear, left cubital tunnel syndrome, bilateral carpal tunnel syndrome , chronic pain syndrome, left shoulder pain and labral tear, left shoulder with biceps tendon tear. Treatment consisted of diagnostic studies, prescribed medications, psychotherapy and periodic follow up visits. In a progress note dated 3/20/2015, the injured worker reported neck pain, frequent headaches, and low back pain with radiation to the left leg with pain in his feet. The injured worker also reported numbness in the first three digits of the right hand. The injured worker rated pain a 7/10 with pain medication and a 10/10 without medication. The pain medicine allows him to help with cooking, function and perform his activities of daily living; however, he is unable to work. Objective findings revealed decrease range of motion of left shoulder and cervical spine and antalgic gait, with his trunk flexed forward. The treating physician prescribed Norco 10/325mg #120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 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 indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). 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.