

Case Number:	CM15-0093311		
Date Assigned:	05/19/2015	Date of Injury:	10/17/2001
Decision Date:	06/25/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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: Internal 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 45 year old female, who sustained an industrial injury on 10/17/2001. The injured worker is currently diagnosed as having cervical facet arthropathy, status post cervical fusion with radiculopathy, status post cervical laminectomy syndrome, and depression. Treatment and diagnostics to date has included medications. In a progress note dated 04/13/2015, the injured worker presented with complaints of constant neck pain and states that pain is only moderately improved with medications and that medications cause sleepiness. Objective findings include cervical spine tenderness to palpation with upper back myofascial spasms. The treating physician reported requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96, Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The patient sustained an injury on 10/17/01. Medical history includes brachial neuritis, post cervical laminectomy syndrome, cervical facet arthropathy, cervical disc degeneration, myofascial spasm, chronic cervicalgia, myofascial strain, bilateral upper extremity radiculopathy, anterior cervical discectomy fusion (ACDF) and failed cervical spine surgery syndrome. In 2004, magnetic resonance imaging MRI showed evidence of a cervical disc herniation at C6-7. Cervical discectomy and fusion was performed at C6-7 in July of 2005. The pain management report dated 4/13/15 described back pain with radiating pain between the shoulder blades. The report stated the patient was pending medial branch blockade from C4 through C6 with continued discomfort despite conservative care. A physical examination showed positive tenderness to the upper back with myofascial spasm and positive cervical facet loading. Medical records document objective evidence of pathology. Medical records document objective evidence of pathology on MRI magnetic resonance imaging. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.