

Case Number:	CM15-0094902		
Date Assigned:	05/21/2015	Date of Injury:	06/12/1995
Decision Date:	06/24/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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: Massachusetts

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 59-year-old male injured worker suffered an industrial injury on 06/12/1995. The diagnoses included chronic neck pain and cervical disc degeneration. The diagnostics included electromyographic studies, left knee and cervical magnetic resonance imaging and cervical x-rays. The injured worker had been treated with medication. On 4/21/2015, the treating provider reported bilateral neck pain and bilateral low back pain. It radiated down both arms to the hands. There is increase in numbness to the left hand. On exam, there was weakness and sensory deficit to the left upper arm. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, When to Discontinue Opioids, Functional Improvement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic neck and radiating low back pain. When seen on 03/12/15, medications included Norco reported as ineffective and causing sleepiness. When seen at the next visit, 5 days later, the claimant had pain rated at 10/10. He was taking Flexeril with improvement in sleep. Norco was requested for night time use. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, Norco had been ineffective just 5 days previously. Therefore, the continued prescribing of Norco was not medically necessary.