

Case Number:	CM15-0095356		
Date Assigned:	05/21/2015	Date of Injury:	06/09/2014
Decision Date:	08/31/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/18/2015

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 injured worker is a 61 year old female, who sustained an industrial injury on June 9, 2014, incurring head, neck, back and knee injury after a slip and fall with loss of consciousness. She was diagnosed with cervical disc protrusion, cervical sprain, thoracic sprain, lumbar sprain, lumbar radiculopathy, bilateral knee meniscus tear and right and left knee sprain. Treatment included physical therapy, acupuncture, neurology consultation, pain medications, and activity modifications. Currently, the injured worker complained of dizziness, headaches, constant neck pain, upper and mid back and sharp low back pain with stiffness aggravated by sitting, standing, walking and bending. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in June 2014 and is being treated for neck, low back, and bilateral knee pain. When seen, pain was rated at 9/10 with medications. There was decreased cervical and lumbar range of motion with cervical and trapezius muscle tenderness and muscle spasms. Spurling's testing was positive. There was decreased knee range of motion with tenderness and positive McMurray testing. Straight leg raising was positive. There were lumbar and lower extremity muscle spasms. 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 is less than 120 mg per day, there is no documentation that this medication is providing decreased pain with ongoing severe pain documented by VAS scores or evidence of an increased level of function or improved quality of life. Continued prescribing was not medically necessary.