

Case Number:	CM14-0146962		
Date Assigned:	09/15/2014	Date of Injury:	04/28/2012
Decision Date:	10/20/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on April 28, 2012. The mechanism of injury was noted as a hit-and-run accident. The most recent progress note, dated April 24, 2014, indicated that there were ongoing complaints of low back pain as well as neck pain and left upper extremity numbness and tingling. Current medications include Naprosyn, hydrocodone, and omeprazole. The physical examination demonstrated decreased lumbar spine range of motion and tenderness. There were normal lower extremity strength and reflexes. There was decreased sensation at the lateral aspect of the calf and thigh on the right side. Diagnostic imaging studies of the lumbar spine revealed advanced degenerative changes from L2 through S1 with significant central canal stenosis at L3-L4 and a left paracentral disc protrusion at L5-S1. Epidural steroids and facet injections were discussed. Previous treatment included a cervical spine fusion from C5 to C7. A request had been made for oxycodone/APAP and was not certified in the pre-authorization process on August 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/apap 10-325 mg quantity 130 day supply 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to discontinue opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.