

Case Number:	CM13-0012140		
Date Assigned:	09/20/2013	Date of Injury:	11/15/2011
Decision Date:	10/21/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/16/2013

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 Family Practice, and is licensed to practice in California 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 patient is a 64 year old male who sustained an industrial injury on 11/15/11. He underwent L3-L4 fusion on 2/25/13. The medical records indicate that the patient has been prescribed Norco for an extended period of time. The patient was evaluated on 7/15/13. He complained of intermittent low back pain rated 3/10 which increased with prolonged activity. He reports 50-60% relief with lumbar fusion. Examination reveals 5/5 lower extremity strength and intact sensation. Physical therapy was requested. He was also given a prescription for Norco. Utilization review was performed on 8/7/13 at which time the 7/15/13 report was reviewed. The prior peer reviewer noted that the patient has only recently begun physical therapy and it would be reasonable for some pain medication following therapy. The prior peer reviewer also noted that while Norco every two to four hours would not be reasonable to manage the pain, Norco every four to six hours would be reasonable to manage his pain complaints for a short duration of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP) 10/325mg - Q 2-4 hours PRN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74 -96.

Decision rationale: Evidence based guidelines do not recommend chronic use of opioids due to the development of habituation and tolerance. Furthermore, prolonged use of opioids leads to hormonal imbalance in men. However, the medical records indicate that the patient has been prescribed Norco for an extended period of time and sudden abruption is not recommended. Modification cannot be rendered; therefore, the request for Norco, Hydrocodone/APAP, 10/325 mg q 2-4 hours is medically necessary.