

Case Number:	CM13-0017472		
Date Assigned:	12/04/2013	Date of Injury:	04/26/2003
Decision Date:	03/19/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 60-year-old female who was injured on 04/26/2003. The mechanism of the injury was not noted however the patient is currently diagnosed with chronic low back pain, lumbar radiculopathy, status post lumbar fusion L4-5 (in 2003), status post lumbar hardware removal (in 2006), mild to moderate disc space narrowing L5-S1, spondylolisthesis L3-4, multilevel lumbar, L3-L4 stenosis, multilevel neural foraminal narrowing bilaterally, and facet arthropathy of the lumbar spine based on clinical findings and diagnostic studies. The patient currently complains of low back pain with right lower extremity symptoms, which she currently rates at 9/10 on the pain scale. She states that her pain is worsening especially on the right side of her lumbar spine. She notes continued right lower extremity numbness, tingling, weakness and pain extending into her foot. The patient does at home exercise programs which she tolerates well. In regards to medications she notes she continues Norco 10/325 mg two or three per day, Flexeril 7.5 mg one to two per day and the topical Terocin cream. She denies any side effects with the medications and states they continue to decrease her pain and normalize her function and also allow her to sleep better. At issue for lack of medical necessity is the prescription of Norco 10/325 #135.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/ 325mg qty 135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC. Chronic Pain, Opioids for chronic pain.

Decision rationale: The patient has been using Norco since the last least ten years after his injury, and the patient rated his pain as 7/10 with opioids and 10/10 without opioids. Given that the patient has not had any long-term functional improvement gains from taking Norco over the past several months, it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Norco 5/325mg quantity 30 is not medically necessary