

Case Number:	CM13-0035603		
Date Assigned:	12/13/2013	Date of Injury:	06/16/2010
Decision Date:	02/26/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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.

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 medical records indicate that [REDACTED] recommended modified. On October 25, 2011, [REDACTED] recommended facet blocks and a repeat MRI scan. Review of the medical records indicates on January 10, 2012, [REDACTED] recommended facet blocks and an updated MRI scan. Per report, medications were prescribed. Review of the medical records indicates the patient had an MRI scan performed of her lumbar spine on January 30, 2012, which revealed disc desiccation at L4-L5 with a disc protrusion, and disc desiccation at L5-S1 with spondylolysis and a 4 mm slip at L5-S1. Review of the medical records indicates that the patient continued to perform modified duties and [REDACTED] continued to recommend facet blocks. Review of the medical records also indicates on December 20, 2012, the patient underwent another MRI scan of her lumbar spine and that this study revealed first degree spondylolisthesis at L5-S1, a disc protrusion of 4.6 mm at L5-S1, a 3 mm disc protrusion at L4-L5, and a 3.5 mm disc protrusion at L3-L4 with facet changes at L4-L5. The patient's physical examination reveals tenderness to palpation over the paralumbar region with muscle guarding and decreased range of motion of the lumbar spine. There is positive straight leg raising to the right lower extremity. At issue is the prescription of Norco 10/325 mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77-127.

Decision rationale: Norco (hydrocodone-acetaminophen) is a semi-synthetic opioid which is considered the most potent oral opioid. Norco is indicated for moderate to moderately severe pain however, page 76 through 77 of MTUS stipulates specific criteria to follow before a trial of opioids for chronic pain management. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). The CA MTUS section on Opioids Ongoing Management recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." This has not been documented for this patient. Therefore, the request for Norco 10/325 mg #100 is not medically necessary.