

Case Number:	CM13-0068894		
Date Assigned:	01/03/2014	Date of Injury:	11/11/2010
Decision Date:	04/15/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 33-year-old female who was injured on November 11, 2010. The patient continued to experience back pain radiating down her left leg. Physical examination was notable for restricted range of motion of the lumbar spine, positive facet loading bilaterally, and tenderness over the sacroiliac spine. MRI of the lumbar spine done on April 21, 2011 showed mild to moderated disc dessication with mild disc bulge at L4-5 and L5-S1. Diagnoses included low back pain, sacroiliac pain, and lumbar sprain/strain. Treatment included steroid injections, physical therapy, chiropractic treatment, and prescriptions medications. Request for authorization for Norco 10/325 mg was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

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

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

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. The Chronic Pain Medical Treatment Guidelines indicate that opioids are not

recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the employee had been using Norco since at least August 2012. Analgesia had not been obtained. In addition there is no documentation that the employee signed an opioid contract and urine drug screening is limited to one test done in 2011. Criteria for long-term use of opioids have not been met.