

Case Number:	CM13-0071577		
Date Assigned:	01/08/2014	Date of Injury:	10/16/2007
Decision Date:	11/17/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 57 year old female who was injured on 10/16/2007 when she tripped over a hose on the floor and sustained a musculoligamentous sprain. Prior treatment history has included Hydrocodone, Cyclobenzaprine, Norco, Motrin and Flexeril. Diagnostic studies reviewed include MRI of the lumbar spine dated 12/12/2013 revealed the patient has mild levoscoliosis, grade I anterolisthesis at L4-L5; multilevel disease at L4-L5; abnormally positioned disc material at L4-L5; and mild to moderate spinal canal compromise of the bilateral lateral recesses and neural foramina compromise with bilaterally nerve impingement. Toxicology report dated 05/20/2013 detected no medications. The listed medication prescribed was hydrocodone. Interim report dated 05/20/2013 documented the patient to have complaints of moderate to severe pain of the lumbar spine with radiation to the right lower extremity. On exam, there was tenderness to palpation over the lumbar spine with spasms. Ranges of motion revealed flexion to 80 degrees with pain; extension with full active range of motion. Bilateral straight leg raise was positive for the right lower extremity. The patient is diagnosed with chronic lumbosacral musculoligamentous sprain/strain; L4-L5 right foraminal stenosis with annular bulge and osseous hypertrophy; and bilateral shoulder impingement. He was recommended to continue with home exercise program and prescribed Norco 10/325 as needed for pain which he has been utilizing since 03/18/2013. Prior utilization review dated 12/11/2013 states the request for Norco (Hydrocodone/APAP 10/325mg) #120, one to two tablets by mouth every 6 hours as needed for pain, maximum 5 per day is denied as medical necessity has not been established as the patient has ongoing pain with no benefit.

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), QUANTITY #120, 1 TO 2 TABS EVERY 6 HRS, MAX 5 PER DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: The above MTUS guidelines regarding ongoing opioid management states "The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, notes from 3/18/13, 4/5/13, 5/20/13 all state the exact same paragraph "There was no evidence of abuse, diversion, hoarding or impairment. The patient is adhering to their narcotic drug contract. Urinary drug screens are conducted periodically to insure safety and compliance with the prescribed medication regimen. The medication controls the patient's pain symptomatology sufficiently to allow continued participation in regular activities of daily living including a prescribed home exercise program." However this apparent stock phrase does not address the toxicology report of 5/20/13 showing that the patient is not testing appropriately positive for the hydrocodone being prescribed. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.