

Case Number:	CM14-0100070		
Date Assigned:	09/16/2014	Date of Injury:	06/29/2013
Decision Date:	10/20/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 24 years old female who sustained a work related injury on 06/29/2013 while she was lifting a bag of dog food, she twisted her back. Prior treatment history has included 10 sessions of physical therapy which improved her symptoms. Progress report dated 06/10/2014 indicates the patient presented with continued leg pain and distal lumbar pain. She reported taking Lodine twice a day and tramadol 3 times a day. She takes about 5-8 Norco a day to control her pain. Objective findings on exam revealed negative straight leg raise. There is some tenderness in the right PSIS region, as well as midline distal lumbar tenderness, worsened with extension-based maneuvers. The patient is diagnosed with mechanical low back pain with associated L5-S1 microdiscectomy, with essentially resolved radiculopathy and high narcotic requirements. On note dated 06/24/2014, the patient was recommended for tapering of Norco as her low back pain had been reduced due the soft tissue cortisone injection she received on 06/10/2014. The patient became distraught upon receiving this information. Prior utilization review dated 06/23/2014 states the request for Norco 10/325mg QTY 80.00 is modified to certify Norco 10/325 mg QTY 40.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY 80.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 91. Decision based on Non-MTUS

Citation ODG Treatment in Workers' compensation 2012 web (www.odgtreatment.com), Work Loss Data Institute (www.worklossdata.com) Section on Low Back updated 1/30/12

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 non-adherent) 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)." The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Concurrent multiple short acting opioids is not warranted. The medical documents do not support continuation of opioid pain management. Weaning has previously been recommended. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.