

Case Number:	CM14-0100360		
Date Assigned:	09/16/2014	Date of Injury:	10/24/2012
Decision Date:	10/16/2014	UR Denial Date:	06/05/2014
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 & 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 35 year old male who was injured on 10/24/2012 while carrying a piece of sheet metal up a flight of stairs. Prior treatment history has included physical therapy and lumbar epidural steroid injections which provided one week of relief. There is no toxicology reports provided. SOAP note dated 04/08/2014 states the patient presented with continued lumbar pain and flex posture. He was taking Norco 5/325 mg and Xanax 0.5 mg daily. On exam, he was in moderate distress complaining of lumbar pain when he rises from a sitting position. He stood with a forward flex posture of the lumbar spine. There was tenderness to palpation in the status post with decreased lumbar lordosis noted. Active motion of the lumbar spine shows forward flexion of 45 degrees; and extension with pain. The patient is diagnosed with spinal stenosis, lumbar region, without neurogenic claudication and thoracic or lumbosacral neuritis or radiculitis. The patient was recommended to continue with Norco 5/325 mg (start dated 09/09/2013). Progress report dated 06/03/2014 documented the patient to have complaints of low back pain and right knee pain. The patient reported he could not stand for more than 5 minutes and can't walk greater than 10 minutes. On exam, the lumbar spine revealed flexion to 30 degrees and extension to 0 degrees, both producing pain. He had decreased patellar reflexes and positive straight leg raise bilaterally. Prior utilization review dated 06/05/2014 states the request for Hydrocodone/APAP 5-325mg, 30 day supply, #60, MED 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5-325mg, Days Supply 30, Quantity 60, MED 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 75-94.

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 medical records do not establish failure of non-opioid analgesics, such as NSAIDs, 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. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Hydrocodone + Acetaminophen 5/325mg has not been established based on guidelines and lack of documentation.