

Case Number:	CM14-0018757		
Date Assigned:	06/11/2014	Date of Injury:	06/02/2006
Decision Date:	08/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 57-year-old female who reported an injury on 06/02/2006 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 02/10/2014, the injured worker complained of ongoing neck and lower back pain. It was annotated that the injured worker had ongoing weakness and numbness in her legs that started in her lower back and radiated downwards. It was annotated that the injured worker was taking 3 to 4 Norco a day to help alleviate her pain. The physical examination of the thoracolumbar spine revealed decreased range of motion and tenderness to the right and left paraspinals. The neurological examination of the lumbar spine revealed no neurological or functional deficits. It was annotated that there was a negative straight leg raise bilaterally. Prior treatments included physical therapy, prescribed medications, and home exercises. The injured worker's prescribed medications included Lunesta 3 mg, Fioricet, Norco 10/325 mg #90 one tab by mouth every 4-6 hours as needed for pain, Prilosec 20 mg, and gabapentin 300 mg. The diagnoses included complaints of depression, sleep disruption, gastric pain and chest pain; degenerative disc disease cervical spine; degenerative disc disease of lumbar spine; minimally elevated liver enzymes and ruptured disc L3-4 and L4-5. The treatment plan included a request for a new lumbar spine MRI and a refill of medications. The request for authorization for Norco 10/325 mg #90 was submitted on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325 mg tab, 1 tab q4-6 hours PRN pain #90 with 2 refills: 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): 78, 80, 91.

Decision rationale: The request for Hydrocodone/Acetaminophen 10/325 mg tab, 1 tab every 4 to 6 hours as needed pain #90 with 2 refills is not medically necessary. The California MTUS Guidelines state that opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. The guidelines also recommend ongoing monitoring of injured worker's on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Hydrocodone/acetaminophen is indicated for moderate to moderately severe pain. In the clinical notes provided for review, there is a lack of documentation of the injured worker's measurable pain level status. There is also a lack of documentation of the efficacy, side effects, or psychosocial functioning. Furthermore, it is documented that the injured worker has been on the prescribed Norco for greater than 16 weeks, since 07/2013 and has elevated liver enzymes of which is a contraindication for the use of acetaminophen. Therefore, the request for hydrocodone/acetaminophen 10/325 mg tab 1 tab every 4 to 6 hours as needed pain #90 with 2 refills is not medically necessary.