

Case Number:	CM14-0110873		
Date Assigned:	09/18/2014	Date of Injury:	07/27/2012
Decision Date:	12/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 Family Medicine 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:

This is a 52 years old female patient who sustained an injury on 7/27/2012. The current diagnosis includes lumbar disc displacement without myelopathy. She sustained the injury due to a fall over a platform of shoes. Per the doctor's note dated 10/27/14, she had complaints of low back pain. Physical examination revealed lumbar spine - tenderness in the paravertebral muscles of the lumbar spine, decreased range of motion; tenderness at the right greater trochanteric bursa and right sciatic notch, tenderness at the fifth metatarsal head; pain with range of motion of the right ankle and decreased sensation over the lateral aspect of the right foot.. The medication list includes Allopurinol, Atenolol, Gabapentin, Norco, K, D, C, G, L lotion, Levothyroxine, Oxybutynin, Pravastatin and Talwin NX. She has had lumbar spine MRI dated 12/21/2012 which revealed scoliotic curvature of the lumbar spine, with two levels of curvature, one to the right at the T12-L1 level, and a second to the left at the L3-4level, no focal disc herniation at any level, disproportionate asymmetric left sided bulging at L2-3, which approaches the far lateral space and the exiting left L2 nerve in this location, which may be correlated for clinical symptoms to L2. She has had epidural injection for this injury. Her surgical history includes hysterectomy, bilateral knee surgery, ankle surgery and right rotator cuff repair. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 11/21/14); Opioids, criteria for use

Decision rationale: This is a request for Norco, which is an opioid analgesic. It contains acetaminophen and hydrocodone. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10mg is not established for this patient.