

Case Number:	CM14-0151571		
Date Assigned:	09/19/2014	Date of Injury:	11/07/2005
Decision Date:	11/20/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 New Jersey and New York. 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 61 year-old female who was injured on 11/7/05. She complained of lower back pain relieved by medication and bilateral hip pain. On exam she was tender over her hips. MRI of the thoracic/lumbar spine showed mild lumbar spondylosis with no significant spinal stenosis or neural foraminal narrowing throughout. She was diagnosed with thoracic and lumbar degenerative disc disease, facet syndrome, trochanteric bursitis, and myofascial pain syndrome. The patient had a radiofrequency neurotomy of L3, L4, and L5 which provided 60% relief, left foot surgery, and trochanteric bursa injections bilaterally. The patient had not returned to work. Her medications included Norco, Celebrex, Cymbalta, and Lidoderm patches. She was rotated to Percocet because the Norco was not working as well for her pain. It was recommended that she be weaned off both hydrocodone and oxycodone. As per the chart, the Norco provided 50% relief for 2.5-3 hours and urine drug testing was appropriate. Percocet was taken at night because it caused drowsiness and she said she used it sparingly so a urine drug screen was negative for Percocet. The request is for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Hydrocodone.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient was using Norco for lower back pain but had Percocet added because of incomplete pain control. Even with both narcotics, the patient still complains of pain. She is still unable to return to work and functional improvement was not documented. Her Percocet caused drowsiness so she used it at night and Norco during the day even though it did not control her pain as well as before. Even with decrease in pain with the RF neurotomy, her opiate dosages were not titrated down. There were no urine drug screen results included in the chart, just documentation of results. The UDS was consistent until one UDS was negative for Percocet, which the patient stated she was not taking regularly even though she kept getting prescriptions for it. The patient has been on opiates long-term and at this point, the risks outweigh the benefits. Because of these reasons, the request for Norco is considered medically unnecessary.