

Case Number:	CM14-0151909		
Date Assigned:	09/22/2014	Date of Injury:	06/30/2011
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty in Pain Management 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 female patient with a date of injury of June 30, 2011. A utilization review determination recommends noncertification of hydrocodone/APAP 10/325 #90. A progress note dated June 26, 2014 identifies subjective complaints of pain described as aching, burning, cramping, dull, shooting, stabbing, and tender. The patient rates her pain as a 9/10 for the lower back, the worst her pain has been in the past week has been a 10/10, and when taking her medications her pain level is an 8/10. The patient states that her most troubling symptoms start at the right lower back and radiates to your entire right foot. Her low back and leg pain represent about 80% to 20%, respectively. The patient has difficulties with activities of daily living, and reports exacerbating factors that include activities, bending/flexing, and heavy lifting. Alleviating factors include cold, heat, medications, and warm baths. Physical examination identifies moderate tight band, moderate spasm, and severe tenderness along the bilateral lumbar region, straight leg raise maneuver is moderately positive at right L5 and right S1, facet distraction/loading maneuvers are positive it moderately at bilateral L3-L4 and bilateral L4-L5, and there is moderate tenderness on the right SI joint. Diagnoses include lumbar spine radiculopathy, lumbar facet arthropathy, low back pain, sprains and strains of lumbar region, disorders of sacrum with severe pain, and abnormal posture with right side bending of lumbar. The treatment plan recommends that the patient proceed with the scheduled AME, and prescriptions for gabapentin 800 mg #80, such as being 10 mg #30, Naproxen Sodium 550 mg #60, Pantoprazole 20 mg #60, and Hydrocodone/APAP 10/325 #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG TAB 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009 Page(s): Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective 44,.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen) 10/325 #90, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is significantly improving the patient's pain as there is a documented reduction of pain level to an 8/10 with medications, and no documentation regarding side effects. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) 10/325 #90 is not medically necessary.