

Case Number:	CM14-0157713		
Date Assigned:	10/01/2014	Date of Injury:	10/05/2009
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Rehabilitation, has a subspecialty in Pain 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 male patient with a date of injury of October 5, 2009. A utilization review determination dated September 8, 2014 recommends non-certification of Norco 5/325 mg #60. A progress note dated August 25, 2014 identifies subjective complaints of ongoing back pain with radiating pain in the left buttock and leg with severe muscle spasms. The patient has been unable to return to work because of the severity of his pain. He rates his pain a 9/10, at best a 4/10 with his medications, 10/10 without medications. The patient has been using low-dose Vicodin 1-2 per day for pain, Voltaren gel for myofascial pain and as an anti-inflammatory source. The patient states he cannot tolerate taking oral NSAIDs because they upset his stomach, and he has been using a very low dose Neurontin at 300 mg at night. The patient states that the Neurontin helps dull some of the neuropathic burning pain in his leg. The patient reports a 50% reduction in pain and a 50% functional improvement with medications versus not taking them at all. Physical examination identifies loss of lordotic curvature secondary to muscle spasm, forward flexion at 10, extension at 10, right and left straight leg raise are both 80 causing left-sided back pain that radiates to the left buttock and posterior thigh, he reports altered sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. The diagnoses include thoracolumbar sprain/strain, lumbar sprain/strain with lateral recess stenosis at L4-5 with disc herniation impinging against the left and right L 4 nerve roots, there is also severe facet arthrosis with overgrowth at L5 - S1 bilaterally, history of peptic ulcer disease, and nonindustrial hypertension. The treatment plan recommends refill of Norco 5/325 mg 1/2-2 tab twice a day as needed for pain #60, Neurontin 300 mg #30, Voltaren gel 1% #100 g tube, and a request for extension for transportation to [REDACTED] Center for the patient's pain consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 5/325mg #60, 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, although there is no documentation regarding side effects, there is indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). There is indication that the patient has a pain contract and that the urine drug screens have been consistent. As such, the currently requested Norco (hydrocodone/ acetaminophen) 5/325mg #60 is medically necessary.