

Case Number:	CM14-0159816		
Date Assigned:	10/03/2014	Date of Injury:	05/07/2013
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

The injured worker is a 27-year-old male who sustained an injury on 5/7/13. As per the 8/29/14 report, he presented with persistent and stabbing neck and back pain and back spasms. The neck pain radiated into the bilateral shoulders and was rated at 4-5/10. The back pain was rated at 7/10 and radiated into the right buttock and the top of the thigh, down the left lower extremity to the foot with cramping and weakness in his legs. Examination of the lumbar spine revealed tenderness to lumbar midline near L4- S1 with decreased ROM in all planes and limited by pain and decreased sensation to the L4, L5 and S1 dermatomes. Most recent MRI of the lumbar spine dated 8/1/14 revealed a 4.4 mm diffuse disc protrusion, L3-4 were marked paracentrally to the left with annular tear, narrowing of the left lateral recess and stenosis of the left neural foramen. He is currently on Norco and Prilosec. The IW has reported that Norco helps decrease his pain by about 30% and increases his walking distance about 10-15 minutes. He reported some constipation, nausea in the morning and itchiness in the evening. He has stopped taking NSAIDS due to GI upset. Diagnoses include HNP of the thoracic spine, HNP of the cervical spine with stenosis, lumbar disc herniations at L3-4 and L5-S1 with left-sided neural foraminal narrowing, lumbar radiculopathy, and cervical radiculopathy. The request for Hydrocodone/APAP 10/325mg #60 was modified to Hydrocodone/APAP 10/235mg #20 and follow-up in 2 weeks was denied on 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records indicate that the IW had to stop taking NSAIDs due to side effects. There is documentation of improvement in pain level by 30% and also function (increased walking distance). There is no evidence of non-compliance or aberrant behavior. Therefore, the medical necessity for Norco has been established based on guidelines and documentation. The request is medically necessary.

Follow-Up in 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits

Decision rationale: Per guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, no specific reason for follow up in two weeks has been mentioned. The records do not indicate that the IW has any concerns. There is no evidence of clinical instability or plan for any interventions. Hence, the request is considered not medically necessary and appropriate.