

Case Number:	CM14-0165021		
Date Assigned:	10/10/2014	Date of Injury:	10/24/2005
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 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:

The injured worker is a 47 year old male with a date of injury on October 24, 2005. As per the report of September 15, 2014, he complained of pain in lower back and gluteal area, radiated to the right ankle, right calf, right foot and right thigh. He described the pain as an ache, burning, deep, discomforting, dull, numbness, piercing, stabbing and throbbing. Symptoms were aggravated by ascending stairs, bending, coughing, daily activities, defecation, descending stairs, extension, flexion, jumping, lifting, pushing, running, sitting, sneezing, standing, twisting and walking; and relieved by exercise, heat, ice, lying down, injection, pain meds/drugs, stretching, rest and sitting. He rated his pain at 6/10 without medications and 3/10 with medications. Oswestry Disability Index was 48%. On examination, the sacroiliac joint was painful and straight leg-raise reproduced pain, which radiated to the right. The sciatic notch was tender on the left and the right buttock was painful. The Controlled Substance Utilization Review and Evaluation System report was last addressed on September 12, 2014. Urine drug screen was performed on September 15, 2014, which was consistent with prescribed medication. A magnetic resonance imaging scan of the L-spine dated October 26, 2012 revealed L3-4 disc bulge indenting the thecal sac. He had discectomy in 2012. Current medications include Levothyroxine, Metformin, Lisinopril, Aspirin, Vitamin D3, and Hydrocodone/Acetaminophen (Norco). He was allergic to Flexeril. He has been treated with physical therapy and Norco. He was taking one Norco a day and was formerly taking up to four a day. He has been taking it since 04/10/13. He has had SI transforaminal epidural steroid injection on both sides, which were helpful reducing radicular symptoms and improving the response to medications. Diagnoses include lumbar spondylosis without myelopathy, lumbar degenerative disc disease, chronic pain due to trauma, chronic postlaminectomy syndrome of lumbar region, and chronic radiculopathy of thoracic or lumbosacral. The request for Hydrocodone Acetaminophen (Norco) 10/325mg #60

with one refill was denied on September 26, 2014. The request for Hydrocodone Acetaminophen (Norco) 10/325mg #60 with one refill was denied on September 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen (Norco) 10/325mg #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin , Lortab), Opioids, Opioids, specific drug list Page(s): 51, 74 ,91.

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 injured workers 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 guidelines state continuation of opioids is recommended if the injured worker has returned to work and if the injured worker has improved functioning and pain. In this case, the medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic methods of pain management, such as home exercise or relaxation techniques. There is no documentation of any significant improvement in pain level or function with prior use. There is no documentation of attempt to return to work. Conversion to long-acting opioids should be considered when continuous around the clock pain control is desired. Therefore, the requested Norco is not considered medically necessary.