

Case Number:	CM14-0169122		
Date Assigned:	10/17/2014	Date of Injury:	03/31/2011
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 60 year old male with a date of injury on March 31, 2011. As per September 16, 2014 report, he presented with low back pain rated at 3/10 with medications and 6/10 without. Examination revealed numbness and weakness bilaterally at L5-S1, antalgic gait, minimal cervical lumbar tenderness, decreased cervical range of motion by 20%, and decreased lumbar range of motion by 40%. MRI (magnetic resonance imaging) of the lumbar spine dated January 8, 2014 revealed possible right greater than left L5 nerve root impingement within the foramen at L5-S1 secondary to a combination of degenerative disc disease and posterior facet arthropathy. He is status post anterior cervical discectomy and fusion at C5-6 and C6-7 and left shoulder surgery. He is currently on Norco, Ultram, and Celebrex. Medications reportedly help with his pain. Urine drug screen dated December 30, 2013 was consistent with hydrocodone as prescribed. On January 9, 2014 he had a modified certification of Norco. Diagnoses include status post anterior cervical discectomy and fusion, C5-6 and C6-7 with large herniated nucleus pulposus C4-5, status post anterior cervical discectomy and fusion C4-5, lumbar spine strain with herniated nucleus pulposus L4-5 and L5-S1 with instability, and shoulder complaints. The request for Norco 10/325 mg #90 was modified to Norco 10/325 mg #38 on September 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 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 workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, there is no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use of Norco; the worker is also taking Ultram and Celebrex. Furthermore, conversion to long acting opioids should be considered when continuous around the clock pain management is desired. The medical documents do not support continuation of Norco with current dosing. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation. The request is not medically necessary.