

Case Number:	CM14-0172539		
Date Assigned:	10/23/2014	Date of Injury:	07/11/2005
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/18/2014

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 Internal 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:

The patient is an injured worker who is status post lumbar spine surgery. Date of injury was 07-11-2005. The patient's diagnoses were low back pain and lumbosacral radiculitis. The progress report dated 6/20/14 documented past lumbar fusion surgery and past prescriptions of Norco and Robaxin. The patient was status post lumbar fusion with residual low back and lower extremity symptoms. Robaxin and Norco were prescribed. The patient's low back and lower extremity symptoms were well controlled with Norco 10 mg. Diagnoses included history of lumbar fusion, lumbar pain, and lumbar radiculopathy. The progress report dated 8/15/14 indicated the patient had low back pain associated with numbness, tingling and weakness of the lower extremities. The patient was using Robaxin and Norco. On physical examination, the patient had spasm and tenderness over the lumbar spine with decreased range of motion. The treatment plan was to continue medications. Utilization review determination date was 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tablets: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, Page(s): 74-96; 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document that the patient is status post lumbar fusion spine surgery with residual low back and lower extremity symptoms which were well controlled with Norco. The progress report dated 8/15/14 indicated the patient had low back pain associated with numbness, tingling, and weakness of the lower extremities. On physical examination, the patient had spasm and tenderness over the lumbar spine with decreased range of motion. Medical records document stable use of opioid medications and objective evidence of significant pathology. Medical records document benefit and analgesia with Norco. Medical records support the maintenance of the Norco 10/325 mg prescription. The request for Norco 10/325 mg #60 is supported by MTUS guidelines and medical records. Therefore, the request for Norco Tablets is medically necessary.