

Case Number:	CM14-0184476		
Date Assigned:	11/12/2014	Date of Injury:	07/01/2009
Decision Date:	12/18/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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:

The injured worker is a 61 year-old male with an original date of injury on 7/1/2009. The industrially related diagnoses are chronic lumbar back pain due to bilateral foraminal stenosis of L4-L5, L5-S1 disc protrusion, depression, and bilateral knee pain. The patient has been taking Norco, and baclofen for pain control. The patient also received a lumbar epidural steroid injection on 8/14/2014 with significant relief of symptoms. The disputed issue is a request for Norco 10/325mg for a quantity of 120 tabs. A utilization review dated 10/27/2014 has modified this request to a quantity of 90 tabs. The stated rationale for modification was lack of documentation for intermittent functional evaluation demonstrating ongoing objective findings of functional improvement. In addition, there's no evidence that non-opioid treatment has been attempted and no records of urine drug screen test for compliance. The utilization review recommended modifying the quantity of 90 tabs to be used to wean the patient from Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic 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 further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no 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), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.