

Case Number:	CM14-0042656		
Date Assigned:	06/30/2014	Date of Injury:	08/22/2003
Decision Date:	08/05/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopedic Surgery 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 a 65-year-old male who sustained an industrial injury on 8/22/03. Injury occurred while he was bending over to inspect a night stand. The patient underwent posterior lumbar decompression L3/4, L4/5, and L5/S1 with instrumented fusion at L4/5 and L5/S1 on 6/2/12. Records documented the long-term use of Norco 10/325 mg for pain management, three to four per day. The 12/18/13 lumbar MRI documented post-operative changes from L4 to S1 and disc desiccation L2/3 to L5/S1 with disc height loss at L2/3, L4/5, and severe loss of disc height at L5/S1. There was Modic type II endplate degenerative changes at L5 and S1. There was a hemangioma at S1 and reduction in size of the pseudomeningocele at L5. There were circumferential disc bulges from L2/3 to L5/S1 with spinal canal, lateral recess and neuroforaminal stenosis. At L5/S1, there was contact on the visualized left S1 transiting nerve root. The 1/16/14 treating physician report cited an increase in chronic low back pain due to the cold weather. The patient was able to maintain functional status with the use of medications. Lumbar exam documented painful and limited range of motion with spasms, positive nerve tension signs, and pain in the right S1 distribution. The diagnosis was lumbar discogenic disease, chronic low back pain, lumbar spondylosis, and status post lumbar fusion. The treatment plan recommended continued walking on the treadmill as much as possible, TENS unit, Ketoprofen and capsaicin cream, trigger point injection to the lumbar spine, and follow-up in 6 weeks. The patient was to continue his Norco, Neurontin, Colace, and Prilosec. Lidoderm patches were added. The 3/11/14 utilization review denied the request for Norco and stated that it cannot be supported due to the chronicity of the symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 4) On-Going Management and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have been met for long-term use. In this case, the patient presents with chronic low back pain, status post multilevel lumbar fusion. Records indicate that he has been using Norco at least since 2012 with functional benefit consistently documented in the record. The current dose is well within the recommended levels for as needed use. Records indicate that he attempts to keep the use of Norco to a minimum with the use of topical creams, TENS unit, and exercise. Therefore, this request for Norco 10/325 mg, #240 is medically necessary and appropriate.