

Case Number:	CM14-0044317		
Date Assigned:	06/20/2014	Date of Injury:	01/24/2000
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 49 year old female who sustained a work related injury on 01/24/00 as result of an unknown mechanism of injury that resulted in bilateral knees and feet, lumbar spine and bilateral wrist/hands. Her most recent PR-2 dated 3/27/14 is illegible; the only discernable information I was able to truly glean from it was that she is at 7/10 on the visual analog scale (VAS) pain scale. The most recent partially legible PR-2 is dated 11/12/13 in which the patient reports that her pain is unchanged since her last visit and that the Norco and Voltarin work at decreasing her pain and allows her to do more ADL's (activities of daily living). The only physical exam findings are tender paraspinal and guarding, a positive SLR (straight leg raise) right with a decreased sensation along the right L5-S1 dermatomes. A lumbar MRI dated 11/04/13 finds a L5-S1 disc desiccation with endplate degenerative changes with midline and right paracentral disc extrusion extending inferiorly behind the S1 vertebra resulting in abutment and displacement of the descending right S1 nerve roots with the disc extrusion measuring AP dimension of 7mm. Additionally, there is a mild to moderate central canal narrowing. In dispute is the request for Norco 7.5/325mg, Quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 88, 91.

Decision rationale: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (greater than 5mg/tab) and acetaminophen (greater than 500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic- H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Most of the handwritten, faxed PR-2's are either completely or partial illegible. As result, I do not have full access to the needed information to make an informed decision. As result of incomplete records, I find that the request must be denied. The Utilization Review dated Mar 3, 2014 recommends weaning of the medication because of lack of documentation of efficacy and compliance to medication guidelines. That decision stands.