

Case Number:	CM14-0046842		
Date Assigned:	07/02/2014	Date of Injury:	07/18/2012
Decision Date:	08/26/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 36-year-old male who reported an injury on 07/18/2012 due to slip and fall. The injured worker's diagnoses were lumbar spondylolisthesis, posterolateral disc extrusion at L4-5, and status post hemilaminectomy at L4 and L5 and L5-S1. The injured worker's past diagnostics were left knee CT dated 02/18/2014, with no documentation of the results. The injured worker's prior treatment included treatment in [REDACTED] and physical therapy. The injured worker complained of persistent back pain with 9/10 pain score. There was frequent and slight improvement with walking. The injured worker also complained of foot pain that is a 4/10 and occasional and is improving and back pain at 9/10. Physical examination dated 03/03/2014, the examination of the lumbar spine revealed flexion at 45 degrees, extension at 10 degrees, right and left lateral flexion at 10 degrees. There was noted to the paraspinals equally. Kemp's sign was positive bilaterally. Straight leg raise was positive at 60 degrees on the right. Sensation was decreased on the right L4, L5, and S1. On the left, that was decreased at L4 only but normal sensation at L5 and S1. The provider's treatment plan was psychological consultation, continued pain management treatment, medication to include Anexsia and Biotherm topical cream. The requested treatment plan was for Norco 5/325 mg, hydrocodone 10/325 #60. The rationale for the Norco was provided in an effort to continue the weaning process The Request for Authorization Form dated 03/20/2014 was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77-78.

Decision rationale: The request for Norco 5/325 mg is not medically necessary. According to California MTUS Guidelines, initiating opioid therapy requires criteria for intermittent pain start with a short acting opioid, trying 1 medication at a time, continuous pain is recommended for an extended release opioid. In addition, this modality may require a dose of rescue opioids. The need for extra opioids can be a guide to determine the sustain release dose. The injured worker complained of persistent back pain with 9/10 pain score described as sharp, stabbing, burning and constant and pain radiates into the right leg with the right foot is numb. The Norco 5/325 mg was initiated on 03/03/2014, according to the documentation submitted for review. In addition, hydrocodone 10/325 mg #60 was ordered as well on 03/03/2014. According to guidelines initiating opioid therapy, only try 1 medication at a time and only change 1 drug at a time. The injured worker was prescribed the requested medication in an effort to facilitate the weaning process; however, there was a lack of supporting rationale as to why the injured worker would require the addition of another opioid for weaning purposes. In addition, there was lack of mention of frequency on the request for the proposed medication. As such, the request for Norco 5/325 mg is not medically necessary.

Norco (hydrocodone 10/325 mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77-78.

Decision rationale: The request for Norco hydrocodone 10/325 mg #60 is not medically necessary. According to California MTUS Guidelines, initiating opioid therapy requires criteria for intermittent pain start with a short acting opioid, trying 1 medication at a time, continuous pain is recommended for an extended release opioid. In addition, on this modality may require a dose of rescue opioids. The need for extra opioids can be a guide to determine the sustain release dose. Only change 1 drug at a time prophylactic treatment of constipation should be initiated. If partial analgesia is not obtained, opioids should be discontinued. The injured worker complained of persistent back pain with 9/10 pain score described as sharp, stabbing, burning and constant and pain radiates into the right leg with the right foot is numbness. The Norco 5/325 mg was initiated on 03/03/2014, according to the peer to peer documentation review. In addition, Norco Hydrocodone 10/325 mg #60 was ordered as well on 03/03/2014. According to guidelines initiating opioid therapy, only try 1 medication at a time and only change 1 drug at a time. In addition, there was lack of mention of frequency on the request for the proposed

medication. As such, the request for Norco Hydrocodone 10/325 mg #60 is not medically necessary.