

Case Number:	CM14-0054975		
Date Assigned:	07/07/2014	Date of Injury:	08/27/2012
Decision Date:	08/27/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 21 year old male who was injured on 08/27/2012. On the day of injury he was vacuuming and doing triangle designs on the carpets. He was stretching out to pass a rather heavy vacuum when he felt a crack in his mid back. Prior treatment history has included ESI x 2 and he utilizes a back brace. His medications include Vicodin, omeprazole and medication for inflammation. His surgical history includes an appendectomy. Progress note dated 03/12/2014 documented the patient is in for a follow up visit regarding results of the MRI. The impression indicated multilevel disc bulges ranging from 1-2 mm with no spinal canal or neural foraminal narrowing. Patient states his symptoms have improved and he has been doing home strengthening exercise. Objective findings on examination of the lumbar spine reveal paravertebral muscles are tender. Spasm is present. Range of motion is restricted. Straight leg raising test is positive on the left. Sensation is reduced in the left L5 dermatomal distribution. Impression: Lumbar strain/sprain. Treatment Plan: Refill medications, back support and to return in six weeks. Utilization report dated 04/07/2014 by [REDACTED] denied the request for Norco 10/325 mg #120 with two refills. Norco is a short acting opioid that is being prescribed for this patient's chronic nonmalignant pain. A clear documentation of increased functionality should be noted along with compliance testing including the use of urine drug toxicology test at least twice a year. Therefore, the request has not been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 10/325 mg Take 2 tablets for 2 times a day (Pill count: 120 tablets with 2 refills for a total of 360 tablets) related to symptoms of lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's the pharmacological basis of therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk Reference, 68th ed. www.RxList.com, ODG workers compensation drug formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, [epocrates online](http://epocrates.com), www.online.epocrates.com, monthly prescribing reference, www.empr.com opioid dose calculator - AMDD agency medical directors group dose calculator www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): , pages 72-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Opioids.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of opiate has not been established.