

Case Number:	CM14-0059873		
Date Assigned:	07/09/2014	Date of Injury:	02/10/2012
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/30/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 48 year old male who reported an injury on 02/10/2012 due to repetitive lifting while setting up a new store. The injured worker had a history of lumbar pain radiating down to his left leg. The injured worker had diagnoses of disc herniation with radiculopathy at the L4-5, status post discectomy, facetectomy and foraminotomy at the L4-5, and recurrent disc herniation with radiculopathy at the L4-5. The MRI dated 03/2012 revealed a disc desiccation at multiple levels. The injured worker was status post decompression at unknown level. The past treatment included physical therapy. The objective findings dated 08/22/2013 of the cervical spine revealed a forward flexion of 80 degrees, and an extension of 60 degrees. The lumbar spinal examination revealed a flexion of 60 degrees, and extension of 25 degrees. The examination of the lower extremities revealed absent reflexes to the left patella and left arch. The injured worker rated his pain an 8/10 using the VAS. The medications included Norco and an unknown sleeping pill. The treatment plan included continuation of his pain medication. The request for authorization dated 07/09/2014 was submitted in the documentation. Rationale for the Norco was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 10/325), 1-2 per day, #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91; 78.

Decision rationale: The California MTUS guidelines state that Norco/hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Per the clinical notes provided, was no evidence of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, satisfactory response to the treatment. As such, the request is not medically necessary.