

Case Number:	CM14-0060553		
Date Assigned:	07/09/2014	Date of Injury:	05/17/1999
Decision Date:	09/05/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine, 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 57-year-old male who has submitted a claim for chronic pain syndrome, post laminectomy syndrome of lumbar region, lumbago, backache, and myalgia and myositis, associated with an industrial injury date of May 17, 1999. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain, rated 5/10 with medications, radiating to the left lower extremity. He also had on and off pain in the left iliac crest. Physical examination showed an antalgic gait and limitation of motion of the lumbar spine. The diagnoses were chronic low back pain, lumbosacral degenerative disc disease, failed back syndrome, chronic pain syndrome, opioid dependence, and depression and anxiety. Current pain medications include Norco, tizanidine and meloxicam. Treatment plan includes a request for Norco refill. Current Norco dosing is 10/325mg two tablets every four hours up to five times a day, not more than 10 tablets per 24 hours. Treatment to date has included Norco, tizanidine, meloxicam, Zanaflex, heat modality, and home exercise program. Utilization review from April 18, 2014 modified the request for Norco 10/325mg #300 to Norco 10/325 #150 because there was no evidence of a pain contract and toxicology screenings. The end goal of opiate therapy was also not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 76-80; 80-82; 91.

Decision rationale: As stated on page 76-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Opioids appear to be efficacious for chronic back pain, but limited for short-term pain relief. Norco is indicated for moderate to moderately severe pain with a recommended maximum dose of 60mg/24 hours for hydrocodone. In this case, the patient has been taking Norco for pain as far back as October 2013. However, the patient takes 100mg of hydrocodone per day which greatly exceeds the guideline-recommended daily dose. Moreover, urine drug screen performed on June 25, 2014 was positive for marijuana. However, prescription for which was not found in the medical records submitted and may indicate possible aberrant drug-related behavior. The medical necessity for continued use was not established because the guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 10/325 mg #300 is not medically necessary.