

Case Number:	CM14-0075653		
Date Assigned:	07/16/2014	Date of Injury:	07/19/1990
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 injured worker is a 65 year-old male who sustained a work related injury to his low back on 07/19/90. He has chronic low back and radicular pain that had been maintained with ongoing use of Norco four tablets a day in addition to gabapentin at night and use of Ibuprofen every 8 hours. On 3/25/14 he stated that he had tried cutting back on the Norco but the radicular pain returned. When taking both Norco and Ibuprofen, he had increased range of motion and ability to move. On 04/23/14 he stated that he continued to have radicular pain without the Norco. The patient has lower back pain worse when sitting, with standing, and with forward bend. Lower back pain is not worse when walking or with backward bend. On exam, there is positive Kemp's and Slump test. Lumbosacral spine straight leg raising test was positive on the left. Lumbar AROM was restricted with extension limited to 10 degrees, flexion limited to 30 degrees, and right lateral flexion limited to 20 degrees. Diagnoses: Displacement of lumbar disc without myelopathy. The request for Norco 5/325 mg was previously denied due to lack of medical necessity.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as short-acting opioid, often used for intermittent or breakthrough pain. Guidelines indicate "four domains 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is no mention of ongoing attempts with non-pharmacologic means of pain management, such as physical therapy or home exercise program. There is no documentation of urine drug screen to monitor the patient's compliance. There is no documentation of any significant improvement in pain level (i.e. numeric pain scale or visual analog scale) or function with chronic use. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines.