

Case Number:	CM14-0087983		
Date Assigned:	07/23/2014	Date of Injury:	01/18/2012
Decision Date:	11/14/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 Family 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:

This is a 45 year old female patient who sustained an injury on 1/18/2012. She sustained the injury when she was attacked by one of the disabled student and she almost fell down. The current diagnoses include lumbago and sciatica. Per the doctor's note dated 7/29/14, patient had complaints of low back pain at 6-8/10 with radiation and cramping sensation to the left lower extremity. Physical examination revealed antalgic gait, limited and painful lumbar range of motion, tenderness over the lumbar paraspinal region over the facet joint line in the mid and lower lumbar segments, worse on the left, abnormal sensation over the left L5 dermatomal distribution with weakness in the L5 myotomal distribution. The medication list includes naprosyn, docusate, topamax, omeprazole, skelaxin, norco, ondansetron, lidoderm patch and gabapentin. She has had the lumbar spine MRI dated 2/20/12 which revealed broad-based disc protrusion at L4-5 as well as mildly at L3-4 and L5-S1 with the presence of L4-5 disc herniation with annular tear, lumbar facet joint hypertrophy bilaterally at L3-4, L 4-5, and mildly at L5-S1. She has undergone radiofrequency neurotomy on 1/10/2014, trigger point injection, epidural steroid injection on 12/20/13, medial branch block on 11/22/13. She has had acupuncture, TENS and physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg tablet, q6h (every 6 hours) prn (as needed) for monthly pick up (unspecified amount and duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy, On-Going Management Page(s): 77, 78, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 10/30/14) Opioids, criteria for use

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioid analgesic. The medical necessity of Norco 10-325mg tablet, q6h (every 6 hours) prn (as needed) for monthly pick up (unspecified amount and duration) is not established for this patient. Therefore the request is not medically necessary.