

Case Number:	CM14-0098246		
Date Assigned:	07/28/2014	Date of Injury:	05/04/2011
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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 55 year old male with the date of injury of 05/25/2011, who has been complaining of low back pain due to degenerative disc disease with radiation to bilateral legs, S/P lumbar fusion. He is also noted to have depression / anxiety. He is noted to have a remote history of treatment for drug abuse (cocaine and Methamphetamine) and history of getting Norco from multiple providers. He is noted to have tenderness in the lumbar spine with spasm. Strength was 4/5 at right ankle DF and great toe extension, otherwise 5/5. Reduced sensation at right L5/S1 distribution. Diagnosis was lumbar disc displacement with radiculitis. Medications include Norco, Anaprex, Wellbutrin, Tizanidine, ASA, Ibuprofen and Docuprene. Patient received 6 visits of physical therapy visit. He underwent epidural injection on 4/23/13 with 50% relief. The request for refill of Norco and Colace 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 10/325 mg po tid prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Norco (Hydrocodone 10mg + Acetaminophen 325mg) is indicated for moderate to severe pain. It is classified as a short-acting opioids, 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, the medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate to severe pain and symptoms. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no record of a Urine drug screen, considering a history of chemical dependency, to monitor patient's compliance. Furthermore, there is no documentation of any improvement in pain or function with prior use. The medical documents do not support continuation of opioid pain management, and thus the medical necessity for hydrocodone has not been established.

Colace 100 mg po bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: CA MTUS does not address the issue. Per ODG guidelines, constipation is a common problem in patients taking opioids due to slowed intestinal motility. First line therapy includes patient education, hydration, high fiber diet and exercise. In this case, there is no evidence of trial of first line therapy. Furthermore, constipation is thought to be due to Norco which is not recommended in this injured worker. Therefore, the medical necessity of this medication is not established at this time.