

Case Number:	CM14-0099028		
Date Assigned:	07/28/2014	Date of Injury:	02/05/2010
Decision Date:	09/24/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal 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 an injured worker with the diagnoses of disc disorder of lumbar region, low back pain, thoracic lumbosacral neuritis radiculitis, and chest pain. Date of injury was 02-05-2010. The mechanism of injury occurred when he slipped and struck his ribs against an object. The progress report dated 4/3/14 documented subjective complaints of low back pain, dorsal spine pain, cervical spine pain, abdominal pain, and right rib pain. He had a history of abdominal hernia repair. The patient had complaints of increased pain on the right side of his rib cage with sleep disturbances. Objective exam noted lumbar spine spasms and painful and limited range of motion. He had a positive Lasague's bilaterally and positive straight leg raising bilaterally at 60 degrees. There was an intact motor examination bilaterally and tenderness to palpation over the lumbar paraspinal musculature. Thoracic spine exam noted spasms, interscapular pain, and tenderness over the right ribcage. Medications included Norco 10/325mg two tablets three times a day. Progress reported dated 5/15/14 documented subjective complaints of severe pain in the low back, ribs, and abdomen. The Toradol injection administered in March helped him. He complained of increased pain. Exam revealed lumbar spine spasm, painful and limited range of motion, in motor strength, palpable abdominal hernia, rib cage tenderness. Diagnoses were lumbar discogenic disease with radiculitis, chronic low back pain, thoracic spine sprain strain, thoracic discogenic disease, history of abdominal hernia. Treatment plan Norco 10/325 two tablets by mouth three times daily quantity 180 for moderate to moderately severe pain as needed. Utilization review decision date was 05-29-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-97.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48 Pages 308-310 181-183, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses opioids. The lowest possible dose should be prescribed to improve pain and function. For higher doses of Hydrocodone (5mg/tab), the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. Pain assessment should include the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records do not document analgesia with Hydrocodone. The prescribed dose exceeds MTUS recommendations. No recent urine drug screen results were submitted for review. Medical records indicate long-term opioid use, which is not recommended by MTUS and ACOEM guidelines. MTUS and ACOEM guidelines and medical records do not support the prescription Norco 10/325 two tablets by mouth three times daily as needed quantity 180. Therefore, the request for Norco 10/325mg #180 is not medically necessary. Medical records do not document analgesia with Hydrocodone. The prescribed dose exceeds MTUS recommendations. No recent urine drug screen results were submitted for review. Medical records indicate long-term opioid use, which is not recommended by MTUS and ACOEM guidelines. MTUS and ACOEM guidelines and medical records do not support the prescription Norco 10/325 two tablets by mouth three times daily as needed quantity 180. Therefore, the request for Norco 10/325mg #180 is not medically necessary.