

Case Number:	CM14-0187244		
Date Assigned:	11/17/2014	Date of Injury:	10/17/2011
Decision Date:	01/06/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Management 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 male patient with the date of injury of October 17, 2011. A Utilization Review dated October 8, 2014 recommended modification of Norco 5-325mg bid #60 to Norco 5-325mg bid #45. A Progress Report dated September 26, 2014 identifies subjective complaints of pain: pins and needles, stabbing, numbness, pressure, electrical/shooting, burning, stinging, cramping, weakness, and spasm. Physical Exam identifies severe tenderness over lower lumbar facet joint area, extension of lumbar spine at 10 degrees is painful, flexion of lumbar spine at 40 degrees brings discomfort. ROM (range of motion) limited due to pain. Positive sitting straight leg raise bilaterally. Assessment identifies failed lumbar back surgery syndrome; facet arthropathy: lumbar; degenerated disc disease: lumbar; and sacroiliac joint dysfunction. Treatment Plan identifies renew Norco 5-325mg tabs 1 tab po bid. It was noted the patient gave verbal understanding of benefits, possible side effects and agreed to be compliant in medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the request is not medically necessary.