

Case Number:	CM14-0192058		
Date Assigned:	11/25/2014	Date of Injury:	09/30/1989
Decision Date:	01/12/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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 New Jersey and New York. 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 59 year-old male who was injured on 9/30/89 due to a chronic industrial related injury. He had chronic lower back pain that radiated to his lower extremities. On exam, he had mid line tenderness and bilateral paraspinous tenderness, left sacroiliac tenderness and normal reflexes. He is unable to do straight leg raises. A 7/2014 lumbar spine x-ray showed scoliosis with severe degenerative changes. He was diagnosed with chronic low back pain, postlaminectomy syndrome, and chronic post-operative pain. He had a laminectomy and subsequent L4-L5 fusion. His medications included Ibuprofen, Cymbalta, and Norco. He has listed allergies of morphine and dilaudid but there is not mention of any reaction with Norco. He does activities that worsen his pain like cutting wood. He has difficulty sitting still and does not walk a lot. Despite taking more than 120 Norco tablets per month, the patient still had increasing pain. He also did not have any functional improvement. A 2/2014 note stated that he had transportation issues and could not see a medical specialist. His physician did not feel comfortable increasing his pain medication at this point. The current request is for continued Norco (hydrocodone/apap).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: The patient has been taking Norco for lumbar pain. The chart does not provide any documentation of improvement in pain and function with the use of oxycontin. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief Norco provided for the chronic back pain. Because there was no documented improvement in pain or evidence of objective functional gains with the use of Norco, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of Norco outweigh the benefits. Therefore, the request is considered not medically necessary.