

Case Number:	CM14-0193421		
Date Assigned:	12/01/2014	Date of Injury:	08/05/1996
Decision Date:	01/14/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/19/2014

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 Practice 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:

79 year old male claimant sustained a work injury on 8/5/96 involving the neck, back and knees. He was diagnosed with chronic pain syndrome, lumbar disc disease, knee replacement, cervical disc degeneration, post-laminectomy syndrome and arthritis. He had been on Norco for pain since at least 2012. He had a neck fracture in 2002 and underwent anterior and posterior fusions. He had received epidural steroid injections and did not respond to a spinal cord stimulator. A progress note on 9/2/14 indicated the claimant had continued 5/10 back pain. A request for 90 tablets of Norco had been denied by the pharmacy. Exam findings were notable for cervical surgical scar. There was tenderness in the left lumbar facet. Straight leg raise test was positive bilaterally. He was continued on Hydrocodone 10/325 mg TID for pain along with Kadian. Documents reference similar findings on exam and request for medication was made the following month on 10/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of hydrocodone/acetaminophen 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco (hydrocodone/APAP) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 2 years with no significant change in pain level or function. A controlled substance agreement was not noted. The continued use of Hydrocodone/APAP is not medically necessary.

1 Prescription of norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco (hydrocodone/APAP) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 2 years with no significant change in pain level or function. A controlled substance agreement was not noted. The continued use of Norco is not medically necessary.