

Case Number:	CM14-0200427		
Date Assigned:	12/10/2014	Date of Injury:	08/22/2011
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, has a subspecialty in Pain 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 injured worker is a 29 year-old female with an original date of injury on 8/22/2011. The mechanism of injury occurred when patient picked up 5 gallons of peas and dumping it into a chopping machine, she experienced onset of lumbar spine pain. The industrially related diagnoses are lumbar spine strain and sprain, lumbosacral radiculitis of the right side, and gastropathy secondary to medicine use. The patient has had 3 lumbar spine MRIs dated on 9/21/2011, 7/2/2012, and 10/29/2013 that indicated there are disc bulging at multiple levels including L3-4, L4-5, L5-S1. She has had bilateral sacroiliac joint injections on 8/12/2013, lumbar epidural steroid injection on 1/30/2014, and left sided L5-S1 decompression, microdiscectomy, and laminotomy on 6/26/2014. As of 10/10/2014, the patient was using Norco, Gabapentin, and Kera-Tek analgesic gel for pain. The patient has undergone 9 out of 12 sessions of post-operative physical therapy. The disputed issue is the refill of Norco quantity of 60 tablets. A utilization review dated 11/13/2014 has modified this request to quantity of 50 tablets for weaning purposes. The stated rationale for modification was the patient has been taking Norco for 6 months since her microdiscectomy with documented functional improvement. However, the documentation provided does not address aberrancy with copies of urine drug screen report for review, and no recent attempts of weaning have been made despite recommendations to do so from recent utilization review. Therefore, the ongoing prescription of Norco is not substantiated, and this medication should be weaned off over 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76,77, 78, 43, 86, 74, 91, 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): 75-80.

Decision rationale: A progress note on date of service 10/10/214 documents pain improvement with Norco from 6/10 to 3/10 and allows ambulation of 40 minutes with medication versus 20 minutes without medication. On 9/23/2014, a urine drug screen report shows the patient taking Norco as directed, however, patient was also tested positive for hydromorphone, which was not prescribed by her provider. Within the documentation available for review, there is no documentation regarding side effects, and no discussion regarding aberrant use. At this time, 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 currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.