MAXIMUS Federal Services

Case Number:	CM14-0201555		
Date Assigned:	12/23/2014	Date of Injury:	07/12/2002
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This is a 61 year old male patient who sustained a work related injury on 7/12/12Patient sustained the injury due to cumulative trauma The current diagnoses include low back pain, late effect of the cervical surgery in 2008, Chronic bilateral upper extremity radiculopathy and Bipolar disorderPer the doctor's note dated10/14/14, patient has complaints of low back pain and pain in both hips and continued tingling in the second toe of both feetPhysical examination of the revealed anti-flexion of the trunk on the pelvis allowed for 45 degrees of flexion, extension5 degrees, rotation to the left and right, 10 degrees lateral flexion to the left and right 5 degrees, right paralumbar tenderness from L1 to L5-S1, tenderness along the iliac crest bilaterally and some lumbar spasms, no sacroiliac or trochanteric tenderness.The current medication lists includes NorcoThe patient has had lumbar MRI study on 10/15/10, that revealed multilevel, multifactorial lumbar spine degenerative disc disease at L4-5 with left greater than right lateral recess stenosis and neuroforaminal stenosis bilaterally, L3-4 borderline lateral recess stenosis, mild central canal stenosis at L2-3 in conjunction with congenitally small pedicles and multilevel disc bulgingThe patient's surgical history include scervical surgery in 2008The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; CRITERIA FOR USE OF OPIOIDS; Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient.