

Case Number:	CM14-0202439		
Date Assigned:	12/15/2014	Date of Injury:	07/09/2007
Decision Date:	03/11/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 who suffered a work related injury on 07/09/2007, and on 04/16/2013. Diagnoses include new lumbar spine sprain/strain 04/16/2013, lumbar discogenic disease Lumbar 4-5, and Lumbar 5-Sacral 1, and lumbar radiculopathy. The injured worker continues to complain of low back pain. He has good and bad days. In a physician progress note dated 09/18/2014 his pain is rated 4/10 when he stand for too long the pain increases. Examination of the lumbar spine reveals spasm, and there is painful and limited range of motion. Positive Lasegue is present bilaterally. Positive straight leg raise on the right to 70 degrees, and on the left to 60 degrees. Pain is bilaterally at Lumbar 4-5 and Lumbar 5-Sacral 1. There is tenderness to palpation over the lumbar paraspinal musculature. Documented treatment has included medications, use of the Transcutaneous Electrical Nerve Stimulation (TENS) unit, and inversion table. Treatment requested is for Norco 10/325mg, # 180. Utilization Review dated 11/04/2014 modified the request for Norco 10/325 mg, # 180 to Norco 10/325mg, # 60 for weaning, citing California Medical Treatment Utilization Review-Chronic Pain Medical Treatment Guidelines-Opioids. Norco 10/325 mg is branded combination of a short-acting opioid, hydrocodone, with acetaminophen. There is no indication that an opioid agreement has been signed or that any urine drug screen testing has been accomplished to ensure compliance with this medication. There is no documentation of improved function with ongoing use of opioid medications. There are no imaging studies to document significant pathology in the lumbar spine. There is no indication that the claimant has tried and failed first-line medications. The medical necessity for Norco on a chronic basis cannot be deemed medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #180 is not medically necessary.