

Case Number:	CM14-0205467		
Date Assigned:	12/17/2014	Date of Injury:	10/18/2013
Decision Date:	02/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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 48-year-old individual with an original industrial injury on November 14, 2013. The injured worker's diagnoses include chronic low back pain, lumbar radiculopathy, chronic neck pain, and cervical radiculopathy. Conservative treatments to date have included activity restriction, pain medications, muscle relaxants, topical ketoprofen cream, and epidural steroid injections/spine injections. The disputed issues a request for Norco. According to a progress note from date of service May 31, 2014, the patient was not on Norco at that time and was only on tramadol extended release, ketoprofen topical cream, Prilosec, Flexeril, and Remeron. The progress note indicates that urine drug testing is being performed periodically. A utilization review determination on December 1, 2014 had noncertified the Norco. The stated rationale for this denial was that the patient had started Norco 2.5 mg on October 18, 2014 and there was no documentation of pain effect or functional benefit from this medication to warrant continuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 74-82, 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication of severe low back pain. The patient had an emergency room visit on September 20, 2014. A follow-up clinic visit on October 18, 2014 documents that the patient was started on Norco 2.5 mg 1 to 2 times per day. However, the same note states that the patient is not taking hydrocodone anymore. The prior clinic progress note on September 20, 2014 also has the same wording. This note documents that the patient is not taking hydrocodone anymore and to start Norco 2.5 mg 1 to 2 tablets per day. Given this unclear documentation, it is difficult to determine how much Norco the patient is actually taking. Furthermore, there is a lack of documentation of Norco improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.