

Case Number:	CM14-0206339		
Date Assigned:	12/18/2014	Date of Injury:	09/09/2010
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Occupational Medicine, and is licensed to practice in Montana. 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 has an industrial injury on 9/10/10 involving the low back and a fracture of the left foot. There is another injury on 11/9/12 resulting in a neck injury. He continues to complain of neck, low back and bilateral upper and lower extremity pain. Treatment for these conditions has included anterior lumbar fusion in February 2013 and posterior lumbar decompression in May 2014. Medications have included Norco 10/325, with use varying from 3-6 tablets per day, and ibuprofen 800 mg 3 times daily. Other treatments have included physical therapy and epidural steroid injections. His current diagnoses are low back pain with lumbar stenosis, spondylolisthesis and radiculopathy, post laminectomy syndrome and cervical degenerative disc disease with radiculopathy. The treating physician has requested Norco 10/325 #150. That request was modified by the Utilization Review on 11/24/14 with authorization of 75 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical shows that the injured worker has been taking Norco at least since early 2014. He is currently under the care of a pain specialist. The records do document that there are no aberrant pain behaviors or signs of abuse. Urine drug testing has been performed. There is a pain contract and tapering of the medication with use of the lowest dose necessary is discussed in the medical records. It is noted that the medications provide significant pain relief and allow improved functional status and performance of ADLs with no side effects. I am reversing the prior UR decision. The request for Norco 10/325 #150 is medically necessary.