

Case Number:	CM14-0058549		
Date Assigned:	07/09/2014	Date of Injury:	04/27/2012
Decision Date:	01/30/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 26 years old female patient who sustained an injury on 4/27/2012. She sustained the injury while lifting a client who weighted approximately 200 pounds. The current diagnoses include lumbar herniated nucleus pulposus with right lower extremity radiculopathy and medications induced gastritis. Per the doctor's note dated 3/24/2014, she had complaints of lower back pain with radiation to the right lower extremity. The physical examination revealed mild to moderate distress, lumbar spine- tenderness, palpable trigger points, guarding, restricted range of motion, 4-4+/5 strength in right lower extremities, decreased sensation in right L5-S1 distribution and positive straight leg raising test at 60 degrees on the right side. The medications list includes norco, prilosec, ultram, anaprox, neurontin and dendracin cream. She has had electro-diagnostic studies for lower extremities on 9/17/2013; lumbar MRI dated 3/5/2013 which revealed 4-5 mm right paracentric disc protrusion at L4-5 indenting the thecal sac and displacing and compressing the traversing right nerve root and 3-4 mm disc protrusion at L4-5 and L5-S1 with some midline central canal stenosis; lumbar MRI dated 8/30/2013 which revealed disc protrusions at L3-4, L4-5 and L5-S1; MRI pelvis dated 8/30/2013 which revealed mild amount of fluid within the cul-de-sac. She has had trigger point injections and epidural steroid injections for this injury. Per the note dated 10/15/13 patient had allergic reaction with norco.

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 The 4 A's for Ongoing Monitoring Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 1/19/15) Opioids, criteria for use

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "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 that patient has set goals regarding the use of opioid analgesic. The 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 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. As recommended by the cited guidelines a documentation of pain relief, functional status and appropriate medication use should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. In addition, per the note dated 10/15/13 patient had an allergic reaction with norco. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg, #60 is not established for this patient.