

Case Number:	CM14-0059699		
Date Assigned:	07/09/2014	Date of Injury:	05/23/2003
Decision Date:	04/06/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 43 year old male who sustained an industrial related injury on 5/23/03. The injured worker had complaints of neck and low back pain. Diagnoses included lumbar post-laminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy, low back pain, chronic pain syndrome, myalgia, annular tear of lumbar disc, and cervical myelopathy. Medications included Norco, Omeprazole, Oxycodone ER, and Naproxen. The treating physician requested authorization for Hydrocodone/Acetaminophen 10/325mg #240. On 4/8/14 the request was modified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines. The UR physician noted there was no greater pain control demonstrated with the injured worker taking the increased dosage of Norco since September where the lowest level of pain intensity had gone up from 4 to 5 despite the injured worker often exceeding the daily maximum dosage of Hydrocodone and nearly exceeding Acetaminophen. Therefore the request was modified to a quantity of #144.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco) 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time in combination with NSAIDs. the claimant was reducing use of Norco to 4-5/day, however the request above indicates 8/day. There is no indication of benefit from Norco vs Naproxen use. There is no indication of Tylenol use. A controlled substance agreement is not noted. Continued use of Norco is not medically necessary.