

Case Number:	CM15-0002139		
Date Assigned:	01/13/2015	Date of Injury:	08/31/2010
Decision Date:	03/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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, Texas

Certification(s)/Specialty: Internal 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:

The injured worker is a 57-year-old male, who sustained an industrial injury on 08/31/2010. He has reported neck pain, and low back pain. The diagnoses have included cervical facet pain, and lumbar facet mediated pain. Treatment to date has included Hydrocodone, Soma, Zolpidem, bilateral medial branch blocks at L4-5 and L5-S1 on 07/14/2014, left cervical radiofrequency at C4-5 and C5-6 on 08/25/2014, bilateral lumbar radiofrequency median branch neurotomy at L4-5 and L5-S1 on 09/29/2014, chiropractic care, heat, ice, tai chi, and non-steroidal anti-inflammatory drugs (NSAIDs). Currently, the injured worker complains of neck and whole back pain. He rated his pain 7 out of 10. The injured worker stated that he felt much better overall since receiving the cervical and lumbar radiofrequency procedures. He had experienced some residual numbness over the lumbar procedure site. The injured worker has been taking hydrocodone for pain relief, and had been able to reduce the dose from 50-60mg per day to 3-40mg per day depending on his activity level. It is noted that the injured worker has tried to wean from opiates, and experienced increased axial pain. The objective findings included decreased tenderness over the left cervical facet joints; improved cervical rotation to the left; increased lumbar range of motion; no lumbar scoliosis; and no cervical deformities. The treating physician requested hydrocodone 10/325mg #150, one (1) tablet every 4-6 hours as needed. On 12/11/2014, Utilization Review (UR) modified the request for Hydrocodone 10/325mg #150 to Hydrocodone 10/325mg #140, noting that there is no documentation of functional improvement. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 150.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation from the provider doesn't not support that the patient has had functional improvement while taking this opioid medication.