

Case Number:	CM15-0005991		
Date Assigned:	01/26/2015	Date of Injury:	09/12/2012
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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: California

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 44 year old female who sustained an industrial injury on 9/12/12. The injured worker reported symptoms in the back. The diagnoses included lumbar disc disease with myelopathy. Treatments to date have included left sacroiliac injection with arthrogram on 7/30/13, lumbar epidural steroid injection, left-sided transforaminal lumbar epidural steroid injection, oral pain medications, and physical therapy. PR2 dated 11/13/14 noted the injured worker presents with "pain in the lower back, radiating into the left leg, with numbness and tingling into the left toes". The treating physician is requesting Norco tablets 10/325mg every 4 hours as needed, quantity of 60. On 1/9/15, Utilization Review non-certified a request for Norco tablets 10/325mg every 4 hours as needed, quantity of 60 modified to Norco tablets 10/325mg every 4 hours as needed, quantity of 45. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tablets 10/325 every 4 Hours as Needed, QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone / Acetaminophen Page 91..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document a history of L4-L5 and L5-S1 degenerative spondylitic disc disease with radiculopathy. Medical records document objective evidence of pathology. Medical records document objective evidence of pathology on MRI magnetic resonance imaging studies and EMG electromyography. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg #60 is medically necessary.