

Case Number:	CM15-0102488		
Date Assigned:	06/04/2015	Date of Injury:	04/30/2013
Decision Date:	07/09/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/28/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 32-year-old male with an April 30, 2013 date of injury. A progress note dated May 1, 2015 documents subjective findings (lower back pain and leg pain that is worse as it is now more on the left side; numbness in the right lower extremity; pain rated at a level of 10/10 without pain medications and 8/10 with pain medications; depression and anxiety), objective findings (antalgic gait; sciatic notches tenderness to palpation on the right; tenderness over the paraspinals; increased pain with flexion and extension; straight leg raise positive bilaterally), and current diagnoses (chronic pain syndrome; lower back pain; lumbar strain; myalgia; numbness; radicular pain; lumbar degenerative disc disease; lumbar disc pain). Treatments to date have included epidural steroid injection, medications, electromyogram, x-ray of the lumbar spine (showed mild lumbar dextroscoliosis, narrowing of the L5-S1 disc space, and hypertrophy and sclerosis of the L5-S1 posterior facets), magnetic resonance imaging of the lumbar spine (June 24, 2014; showed L5-S1 right posterior lateral disc extrusion impinging upon the right S1 nerve root, and an L4-5 posterior central annular disc tear), and physical therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg #90, dispensed 5/1/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.