

Case Number:	CM15-0103409		
Date Assigned:	06/05/2015	Date of Injury:	01/28/2011
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, 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:

This is a 34-year-old male patient who sustained an industrial injury on 01/28/2011. The diagnoses included lumbar discogenic pain. Per the note dated 6/12/15, patient had pain at 9/10 without medications and at 5/10 with medications. Physical examination revealed flat affect, limited range of motion of the lumbar spine with tenderness. Per the note dated 4/8/2015, he had ongoing low back pain with radicular symptoms down the right hip. The medications list includes norco, ibuprofen and lexapro. He has had lumbar magnetic resonance imaging on 5/31/2012 and electromyography studies/nerve conduction velocity studies on 8/13/2012 with normal findings. He has undergone lumbar surgery on 10/31/2011. He has had epidural steroid injections and functional restoration program. He has had urine drug screen on 10/14/2014. The treatment plan included Retrospective (dispensed 5/13/15) Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dispensed 5/13/15) Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 75-80.

Decision rationale: Q- Retrospective (dispensed 5/13/15) Norco 10/325mg #60. 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 non-opioid 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 regard to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control (tricyclic anti depressants/ anticonvulsants for chronic pain) is not documented in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. Patient had last urine drug screen in 10/2014. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request of Retrospective (dispensed 5/13/15) Norco 10/325mg #60 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.