

Case Number:	CM15-0130824		
Date Assigned:	07/17/2015	Date of Injury:	11/22/2002
Decision Date:	09/10/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/07/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old, female who sustained a work related injury on 11/22/02. The diagnoses have included chronic severe lumbalgia, multilevel disc disease, facet compromise, sacroiliac joint pathology, multilevel degenerative disc and degenerative joint disease in lumbar spine and depression/anxiety. Treatments have included psychotherapy, physical therapy, medications and dorsal rami diagnostic blocks. In the Primary Treating Physician's Progress Report dated 6/17/15, the injured worker complains of aching and dull lower back pain. She is experiencing back stiffness. The severity of pain is a 1/10 with medication. She complains range of motion in lower back makes pain worse. She has minimal tenderness in the lumbar spine. She has pain to palpation over L4-S1 facet capsules and spinous processes bilaterally. She has 5/5 strength in both legs. She has been noting substantial benefit with the use of the medications. "She has nociceptive, neuropathic and inflammatory pain." She has about 80% pain relief. She is paying for Norco out of her pocket since it has not been approved for refills. She is not working. The treatment plan includes a refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list-Hydrocodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications.

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

Decision rationale: Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days)." Long-term use of opioids is not recommended. It is noted that the injured worker has been on this medication at least since January, 2013. There is insufficient documentation on a change in pain levels and no documentation of functional capabilities. Documentation does not include a recent toxicology screen as recommended by the guidelines. Norco has been prescribed at most office visits. For all of these reasons, this treatment request for Norco is not medically necessary.