

Case Number:	CM15-0131750		
Date Assigned:	07/20/2015	Date of Injury:	08/11/2010
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on August 11, 2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having neck pain, cervical discogenic pain, left cervical seven radiculopathy on electrodiagnostic studies, chronic low back pain, lumbar discogenic pain, right lumbar four and lumbar five radiculopathies, right sacral one chronic radiculitis, cervical and lumbar myofascial pain, and chronic pain syndrome. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, home exercise program, physical therapy, electromyogram, imaging studies, and lumbar epidural steroid injection. In a progress note dated April 27, 2015 the treating physician reports complaints of mild aching pain to the low back, right leg, neck, upper trapezius, and the left hand with associated symptoms of weakness to the left leg and numbness to the left hand. Examination reveals tenderness to the cervical and lumbar paraspinal muscles, improved lumbar range of motion with pain, decreased sensation to the left arm, right hand, digits one and two, and the right leg, absent reflexes to the right lower extremity, trace reflexes to the left lower extremity, and an antalgic gait. The injured worker's medication regimen included Norco and Soma. The injured worker's pain level to the low back and the right leg was rated a 5 out of 10 without the use of his medication regimen and rates the pain a 3 to 4 out of 10 with the use of his medication regimen. The treating physician also noted a 60% relief of pain secondary to lumbar four and lumbar transforaminal epidural steroid injection performed on 04/14/2015 and also noted continued partial improvement in pain from cervical epidural steroid injection performed

months prior. The treating physician noted that the injured worker's medication regimen assists him by allowing him to work full time and reduces his pain level to improve function. The treating physician requested the retrospective prescription for Norco 10-325mg with a quantity of 30 noting use for reducing the injured worker's pain level and to improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #30 DOS: 4/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines opioids.

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

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving Norco since at least November 2014 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request is not medically necessary.