

Case Number:	CM15-0132133		
Date Assigned:	07/20/2015	Date of Injury:	03/07/2002
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
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

Certification(s)/Specialty: Anesthesiology

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 52-year-old male, who sustained an industrial injury on March 7, 2002. He reported falling off a 15 foot wall and landed on the right side of his body. The injured worker was diagnosed as having intractable low back pain with history of degenerative disc disease L4-L5, bilateral lower extremity radiculopathy primarily in the L4 distribution, left elbow pain, and failed spinal cord stimulator trial. Treatments and evaluations to date have included x-rays, CT scan of the right elbow, physical therapy, spinal cord stimulator trial, and medication. Currently, the injured worker complains of pain in the mid to low back, right upper extremity, and right lower extremity. The Secondary Treating Physician's report dated May 27, 2015, noted the injured worker rated his pain as 8/10, reduced to 6/10 with use of his medications. The injured worker reported using his medications improved his ability to tolerate activity. The injured worker's current medications were listed as Norco and Kadian ER. Physical examination was noted to show tenderness to palpation over the paraspinal muscles in the lumbar region bilaterally with range of motion (ROM) severely limited by pain. The treatment plan was noted to include a refill of the current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #120: Upheld

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

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

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS also recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there was documentation that Norco had been prescribed since at least December 2014. In addition, there was also a prescription for morphine sulfate ER (Kadian), which was unclear. The Norco was prescribed to take as needed. There was no documentation of the frequency of the medication, the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.