

Case Number:	CM15-0138323		
Date Assigned:	07/28/2015	Date of Injury:	10/05/2011
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/16/2015

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 58 year old female patient, who sustained an industrial injury on October 5, 2011. She sustained the injury in an assault. The diagnoses include thoracic/lumbar spondylosis with myelopathy. Per the doctor's note dated June 11, 2015, she had complaints of pain across the lower back that has improved since her surgery three weeks prior to exam date. Her right leg, right anterior thigh and right hip were noted to be improved significantly. The physical examination revealed well healed upper thoracic to lower lumbar incision and palpable scoliotic deformity in the thoracic spine. The medications list includes Norco, HCTZ, atenolol, aspirin, plavix, citalopram, norvasc and lovastatin. She has had lumbar CT myelogram on 9/9/2014. She has undergone lumbar decompression laminectomy and fusion from L2-S1 on 5/20/15; remote surgery for thoracolumbar scoliosis. She has had physical therapy, injection and medications for this injury. The treatment plan included an extreme lateral decompression and fusion at L2-3 and L3-4 levels, Norco medication and CBC/chemistry panel. On June 23, 2015, Utilization Review non-certified the request for Norco 10/325 mg #120, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids. Opioids page 74, Short-acting opioids page 75.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain". In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain". Patient had chronic low back pain. She has undergone lumbar decompression laminectomy and fusion from L2-S1 recently on 5/20/15. The second level surgery- an extreme lateral decompression and fusion at L2-3 and L3-4 levels is authorized. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Therefore, based on the clinical information obtained for this review the request for Norco 10/325 mg, 120 count is deemed medically appropriate and necessary for this patient at this time for prn use.