

Case Number:	CM15-0142761		
Date Assigned:	08/03/2015	Date of Injury:	01/17/2008
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

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 male who sustained an industrial injury on 01-17-2008 when while digging a trench the injured worker fell. The diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and post laminectomy syndrome. There were no recent imaging studies. Treatment to date has included surgical intervention, epidural steroids, medication and home exercise program. The provider's progress note dated 07-10-2015 reported the injured worker complained of continued chronic low back pain, left buttock pain and left lower leg pain and paresthesias (burning in posterior left leg and numbness in left foot). Pain level with medication was noted as 5 out of 10 and without 8 out of 10 and medications improves ability for activities of daily living. On examination, the injured worker was noted to have stiff gait and left limp. Lumbar spine had severe pain to touch and on movement. There was limited range of motion, a positive straight leg raise on the left, dysesthesia in posterior left leg and foot. The provider requested Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg (amount unspecified): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. At this point in the care of this patient the use of chronic opioid therapy is at question. This patient has been using Norco for over 4 months and has requested other therapies so the dose of Norco can be lowered or stop use all together. The patient has been approved for another epidural steroid injection and the provider recently requested the patient also start acupuncture, both requested to help wean the patient from opioid use. However, there is no documentation in the records available for review of a patient opioid use contract, comments on side effects from opioid therapies or screening for addiction or aberrant behaviors/medication misuse, although the records reviewed only spanned the last 4 months. The safe use of chronic opioid therapy should have this documentation. Considering all the above information, the provider appears to be using Norco appropriately in that the medication dosing is stable, there was no reported history of drug seeking behavior and the provider has documented preparing to wean the patient from opioid use in conjunction with new therapies (epidural steroid injection and acupuncture). Better documentation of opioid safety is recommended. Medical necessity for the continued use of this medication has been established.