

Case Number:	CM15-0147004		
Date Assigned:	08/07/2015	Date of Injury:	03/07/1988
Decision Date:	09/11/2015	UR Denial Date:	06/28/2015
Priority:	Standard	Application Received:	07/28/2015

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 59 year old female patient who sustained an industrial injury on 3-07-88. She subsequently reported pain. Diagnoses include failed back syndrome-chronic pain syndrome, diabetes mellitus and coronary artery disease. Per the doctor's note dated 5/26/2015, she had complaints of low back pain that radiates to the legs. The physical examination revealed muscle spasm, restricted range of motion and positive straight leg testing. The medications list includes Norco, methylprednisone pak, ibuprofen, Pantoprazole, gabapentin, metaxolone, oxybutynin and lidocaine patch. She has had lumbar spine MRI. She has undergone lumbar spine surgery. Other therapy done for this injury was not specified in the records provided. She has had urine drug screen on 3/10/15 which was inconsistent for Venlafaxine and consistent with hydrocodone. A request for Norco 10/325mg #180 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page 75-80 Opioids page 74 Short-acting opioids page
75.

Decision rationale: Q Norco 10/325mg #180. 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." According to the records provided the patient had lumbar surgery in the past. Patient had chronic low back pain with radicular symptoms. She has significant objective findings on the physical examination- muscle spasm, restricted range of motion and positive straight leg testing. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Patient is already taking gabapentin, ibuprofen (non opioid medications). She has had last urine drug screen on 3/10/15, which was consistent for hydrocodone. Therefore, based on the clinical information obtained for this review the request for Norco 10/325mg #180 is deemed medically appropriate and necessary for this patient at this time for prn use.