

Case Number:	CM15-0148762		
Date Assigned:	08/12/2015	Date of Injury:	08/18/2003
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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:

The injured worker is a 78 year old female who sustained an industrial injury on 08-18-03. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar spine surgery, and bilateral carpal tunnel release. Diagnostic studies are not addressed. Current complaints include pain in the bilateral ankles and legs. Current diagnoses include scoliosis and multilevel degenerative disc disease and stenosis, multilevel cervical spine disc herniations, and right shoulder impingement syndrome. In a progress note dated 09-30-14 the treating provider reports the plan of care as home exercise, medications including Bio freeze, Salonpas, Flexeril, hydrocodone, as well as acupuncture for the cervical and lumbar spines. The requested treatment includes Norco. The documentation supports that the injured worker has been on Norco since at least 08-20-13. The patient sustained the injury when she fell off a chair. The patient's surgical history include bilateral CTR and lumbar surgery. The patient had used a TENS unit for this injury. The patient had received an unspecified number of PT and acupuncture visits for this injury. The medication list include Norco, Omeprazole, Flexeril, Ultracet and Ativan. Per the note dated 5/5/15 the patient had complaints of low back pain with radiculopathy in right lower extremity. Physical examination of the low back revealed positive SLR and tenderness on palpation. The patient has had MRI of the cervical spine that revealed multilevel disc herniations. The patient has had MRI of the lumbar spine on 11/25/13 that revealed foraminal and central canal narrowing. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid use, on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325mg #60. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the 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." 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." Treatments to date include medications, lumbar spine surgery, and bilateral carpal tunnel release. Current diagnoses include scoliosis and multilevel degenerative disc disease and stenosis, multilevel cervical spine disc herniations, and right shoulder impingement syndrome. The patient's surgical history include bilateral CTR and lumbar surgery. Per the note dated 5/5/15 the patient had complaints of low back pain with radiculopathy in the right lower extremity Physical examination of the low back revealed positive SLR and tenderness on palpation. The patient has had MRI of the cervical spine that revealed multilevel disc herniations. The patient has had MRI of the lumbar spine on 11/25/13 that revealed foraminal and central canal narrowing. There is no evidence of aberrant behavior. Patient has had a trial of tramadol (ultracet) and muscle relaxant for this injury. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/prn basis. The medication Norco 10/325mg #60 is medically necessary and appropriate in this patient.