

Case Number:	CM15-0162381		
Date Assigned:	08/28/2015	Date of Injury:	12/04/2003
Decision Date:	10/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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: Emergency 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 47 year old female, who sustained an industrial injury on 12-4-2003. She reported low back pain as well as chest wall tightness. Diagnoses have included failed back syndrome status post lumbar fusion, status post cervical fusion and severe depression. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), surgery, psychotherapy and medication. According to the progress report dated 7-15-2015, the injured worker reported that the sacroiliac joint injection that she underwent on 6-5-2015 helped for about a month and now she was having pain in her back and into her left leg again. She also complained of cramping on the right side of her back and low back muscle spasm. She rated her pain as seven to eight out of ten. She reported that Norco provided three to four hours of pain relief. Physical exam revealed palpable spasm in the lumbar spine area. Authorization was requested for Norco and Hysingla.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Hydrocodone (Vicodin, Lortab); Opioids, specific drug list - Hydrocodone/Acetaminophen; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg, #180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in her back and into her left leg again. She also complained of cramping on the right side of her back and low back muscle spasm. She rated her pain as seven to eight out of ten. She reported that Norco provided three to four hours of pain relief. Physical exam revealed palpable spasm in the lumbar spine area. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #180 is not medically necessary.

Hysingla ER (extended release) 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Hysingla (hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Hysingla ER (extended release) 40mg, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain in her back and into her left leg again. She also complained of cramping on the right side of her back and low back muscle spasm. She rated her pain as seven to eight out of ten. She reported that Norco provided three to four hours of pain relief. Physical exam revealed palpable spasm in the lumbar spine area. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hysingla ER (extended release) 40mg, #30 is not medically necessary.

