

Case Number:	CM15-0169635		
Date Assigned:	09/10/2015	Date of Injury:	05/19/2000
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/28/2015

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: Arizona, 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 63 year old male, who sustained an industrial injury on May 19, 2000, incurring low back injuries. He was diagnosed with lumbar disc disease, lumbosacral spondylosis and lumbar facet arthropathy. He underwent three lumbar surgeries including an artificial disc replacement in October, 2006. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, epidural steroid injection, physical therapy, and acupuncture and activity restrictions. He had been declared permanent and stationary on November 7, 2007. Currently, the injured worker complained of persistent lower back pain with burning and aching radiating from his right buttock to his thigh and right knee. He rated his pain 7 out of 10 in the right leg. He noted his pain was aggravated by sitting, walking and standing and alleviated with lying down. On August 11, 2015, a lumbar computed tomography and Magnetic Resonance Imaging of the spine revealed mild disc bulging, facet arthropathy but no canal stenosis. The scan revealed previous disc replacement and lumbar fusion. The treatment plan that was requested for authorization on August 28, 2015, included a prescription for Hydrocodone-APAP (180 tablets). On August 14, 2015, a request for a prescription for Hydrocodone-APAP was modified to (19 tablets).

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Hydrocodone/APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year along with Tramadol without documentation of pain score reduction with use of medications. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.