

Case Number:	CM15-0182391		
Date Assigned:	09/23/2015	Date of Injury:	09/17/2012
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: Washington, 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:

This injured worker is a 33 year old male who reported an industrial injury on 9-17-2012. His diagnoses, and or impressions, were noted to include: long-term use of medications; degeneration lumbar-lumbosacral disc disease; sciatica; lumbar disc displacement without myelopathy; chronic low back pain with intermittent leg symptoms, bilateral lower extremity radiculitis; and the injuries were classified as permanent and stationary on 5-15-2013. No current imaging studies were noted. His treatments have included: a functional restoration program initial evaluation on 8-11-2015; a qualified medical evaluation on 10-15-2014; magnetic resonance imaging studies of the lumbar spine (11-4-14); physical therapy; medication management; and rest from work with permanent work restrictions resulting in not being allowed to work. The progress notes of 7-23-2015 reported a follow-up visit with complaints which included: chronic low back pain due to lumbar disc displacement and degeneration, as well as sciatica; constant low back pain that increased with prolonged sitting and walking, the inability for prolonged stooping or repetitive movements, and improved with position changes, rest, hot showers and medication; that he took Norco on average of 2-3 x per week, and daily when his activities increased; that he took Naprosyn for pain and inflammation, and that these medications increased his tolerance in performing activities of daily living with less pain. The objective findings were noted to include: moderate obesity; no acute distress; pain with axial loading of facet joints in the lumbar spine. The physician's requests for treatment were noted to include the refilling of his medications without change, because 30 tablets of Norco (10-325 mg 1 per day for pain, #30) each month decreased his pain by approximately 40%, improving his tolerance for standing and walking. The Request for Authorization for Norco 10-325 mg,

#30 was not noted in the medical records provided. The Utilization Review of 8-19-2015 modified the request for Norco 10-325 mg, #30, to #23.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction.

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. This patient is taking intermittent (not daily) opioid medication. This pattern of use has been stable for the at least the last 6 months. The MTUS criteria for monitoring for safe use of opioids reflects concerns from continuous, not intermittent opioid use. The patient's use of Norco has been effective in controlling his pain and should be a option in his therapy as long as it is continued to be used intermittently. Medical necessity has been established.