

Case Number:	CM15-0184197		
Date Assigned:	09/24/2015	Date of Injury:	08/05/2013
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 43 year old male who sustained an industrial injury on 8-5-13. Diagnoses are noted as lumbar disc herniation and left lower extremity numbness and tingling with radicular pain. Previous treatment includes medication, and 3 lumbar epidural injections -with some relief. In a primary treating physician's initial report dated 7-30-15, the physician notes complaint of lower back pain which radiates into the left leg with numbness and tingling of the left leg. Pain is rated at 4-5 out of 10. Examination of the lumbar spine reveals a positive straight leg raise, tenderness to palpation of the paraspinal, quadratus lumborum and gluteal muscles, a positive Minor's sign, and deep tendon reflexes were 2+ in the L4-S1 nerve roots bilaterally. He was unable to heel and toe walk bilaterally. Sensation was decreased in the L5-S1 nerve distributions on the left. Lumbar spine range of motion was noted as flexion 30 degrees, extension 20 degrees, and right and left lateral extension was 10 degrees. It is noted he will continue on Norco, Flexeril, and Nabumetone and that he was advised the best thing is to get off the narcotics, however he states "he cannot do so until he gets an epidural or some sort of surgery." A urine toxicology screening was requested. It is noted that he is currently working, performing modified job duties. A request for authorization is dated 9-8-15. The requested treatment of Norco (Hydrocodone-APAP 5-325mg) #90 was modified to Norco (Hydrocodone-APAP 5-325mg) #60 on 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP 5/325 mg), ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, 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, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment a.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain with numbness and tingling in the left leg. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. In light of this supportive evidence, the current request for 90 tablets of Norco (hydrocodone with acetaminophen) 5/325mg one tablet taken up to four times daily as needed for pain is medically necessary.