

Case Number:	CM15-0188331		
Date Assigned:	09/30/2015	Date of Injury:	06/14/2014
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 26-year-old female, with a reported date of injury of 06-14-2014. The diagnoses include lumbar radiculopathy, lumbar sprain and strain, anxiety, depression, sciatica, low back pain, lumbar spine herniated disc, and lumbar facet arthropathy. Treatments and evaluation to date have included Naproxen, Gabapentin, Zolpidem, Norco (since at least 03-2015), Tramadol, and chiropractic treatment. The diagnostic studies to date have included an MRI of the lumbar spine on 08-21-2014 which showed broad-based disc protrusion at L4-5; a urine drug test on 03-12-2015; a Sudoscan on 03-13-2015 with normal findings; an MRI of the lumbar spine on 03-09-2015 which showed broad-based central and right paracentral disc herniation at L4-5, partial effacement of the right lateral recess and mild central spinal canal stenosis; a urine drug test on 05-13-2015 with positive findings; and a urine drug test on 04-08-2015 with positive findings. The progress report dated 08-19-2015 indicates that the injured worker complained of low back pain and weakness which radiated to the bilateral lower extremities. The injured worker rated his pain 7 out of 10. On 06-10-2015, it was noted that the injured worker rated his low back pain 9 out of 10. The objective findings include decreased lumbar flexion and extension; tenderness to palpation of the bilateral SI (sacroiliac) joints, lumbar paravertebral muscles; muscle spasm of the bilateral gluteus and lumbar paravertebral muscles; and positive sitting straight leg raise test. The injured worker's work status was not indicated. The treating physician requested Norco 10-325mg #60. On 08-26-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325 #60: Upheld

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): 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, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.