

Case Number:	CM15-0202915		
Date Assigned:	11/19/2015	Date of Injury:	12/08/2005
Decision Date:	12/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, 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:

This is a 51 year old female patient who sustained an industrial injury on 12-8-2005. She sustained the injury due to bending while working as a hair stylist. The diagnoses include thoracic or lumbosacral neuritis/radiculitis and degeneration of thoracic or lumbosacral vertebra. Per the doctor's note dated 8/5/15, she had less pain after injection and able to walk longer. She had pain in left and right leg. The patient had pain at 4/10 at best, 10/10 at worst and average at 3/10. Physical exam revealed normal sensation, 5/5 strength in lower extremities and normal gait. The medications list includes gabapentin, celebrex, linzess and norco. She has undergone lumbar ESI on 7/22/15. Her past surgical history includes removal of esophageal polyps. She had lumbar spine MRI on 6/19/15 which revealed mild degenerative disc and facet disease. She had physical therapy, massage, TENS for this injury. Treatment has included a cortisone injection and Norco since at least 5-27-2015. The patient had UDS on 4/28/15 with consistent findings. This UDS report was not specified in the records provided. Utilization review form dated 10-7-2015 modified Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Per the doctor's note dated 8/5/15, she had less pain after lumbar ESI. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to antidepressant and lower potency opioid for chronic pain is not specified in the records provided. The patient had UDS on 4/28/15 with consistent findings. This UDS report was not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Norco 10/325mg #120 is not medically necessary or established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.