

Case Number:	CM15-0203003		
Date Assigned:	10/19/2015	Date of Injury:	03/04/2003
Decision Date:	12/01/2015	UR Denial Date:	10/12/2015
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: California

Certification(s)/Specialty: Emergency 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 51-year-old male, who sustained an industrial injury on 3-4-2003. The injured worker is undergoing treatment for: lumbar degenerative disc, arthralgia sacroiliac joint, bursitis, arthralgia knee. On 8-6-15, he was seen by AME for low back and sacroiliac pain. He indicated there was increased right low back and sacroiliac pain with radiation into the hip and groin. Physical examination revealed a non-tender low back, tension and spasm noted in the low back on the right, decreased lumbar range of motion, and restricted right hip range of motion. On 8-27-15, he reported low back pain with pain radiation into the left hip. Physical examination revealed the left knee to be non-tender, right trochanter non-tender with increased pain with range of motion. There is no discussion of reduction of pain with the use of opioids. The treatment and diagnostic testing to date has included: medications, x-rays, multiple sessions of physical therapy, lumbar fusion (date unclear). Medications have included: Vicodin, motrin, ultram, norco, zohydro. The records indicate he has been utilizing Hydrocodone since at least 2013, possibly longer. Current work status: unclear. The request for authorization is for: Norco 10-325mg quantity 60, and Zohydro ER 50mg quantity 60. The UR dated 10-12-2015: modified Norco 10-325mg quantity 45, and Zohydro ER 50mg quantity 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 60: Upheld

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

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

Decision rationale: The requested Norco 10/325mg QTY: 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right low back and sacroiliac pain with radiation into the hip and groin. Physical examination revealed a non-tender low back, tension and spasm noted in the low back on the right, decreased lumbar range of motion, and restricted right hip range of motion. On 8-27-15, he reported low back pain with pain radiation into the left hip. Physical examination revealed the left knee to be non-tender, right trochanter non-tender with increased pain with range of motion. There is no discussion of reduction of pain with the use of opioids. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg QTY: 60 is not medically necessary.

Zohydro ER 50mg QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zohydro ER.

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

Decision rationale: The requested Zohydro ER 50mg QTY: 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right low back and sacroiliac pain with radiation into the hip and groin. Physical examination revealed a non-tender low back, tension and spasm noted in the low back on the right, decreased lumbar range of motion, and restricted right hip range of motion. On 8-27-15, he reported low back pain with pain radiation into the left hip. Physical examination revealed the left knee to be non-tender, right trochanter non-tender with increased pain with range of motion. There is no discussion of reduction of pain with the use of opioids. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Zohydro ER 50mg QTY: 60 is not medically necessary.