MAXIMUS Federal Services

Case Number:	CM15-0209481		
Date Assigned:	10/28/2015	Date of Injury:	08/29/2005
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/23/2015

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: Montana
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 is a 52 year old female who sustained an industrial injury on 8-29-2005. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain with lumbar disc disease and right hip pain. According to the progress report dated 9-17-2015, the injured worker was seen for re-evaluation of her lumbar spine condition. She stated that her symptoms persisted. She reported running out of medication. Physical exam (9-17-2015) of the lumbar spine revealed mild tenderness with mild spasm. Straight leg raise was equivocal bilaterally. Treatment has included medications, physical therapy with a home exercise program, lumbar epidural steroid injection and psychotherapy. The treatment plan (9-17-2015) was for renewal of medications; current medications were not documented in the progress report. The original Utilization Review (UR) (10-8-2015) denied a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: Norco is a brand name for Hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/ acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical records indicate that the injured worker has used Norco on a long-term basis. The records do not document specific functional improvement or decreased pain related to use of Norco. Pain scores are not provided. There is no documentation of urine drug testing that is consistent with current prescriptions, lack of side effects or aberrant drug behaviors. There is no documentation of a pain assessment, which should include the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A pain contract is not documented. The most recent treatment note on 9-17-15 states only that medications are renewed without documenting the specific medication(s) used or refilled. Ongoing use of Norco is not consistent with the MTUS guidelines, which require specific documentation to support ongoing use. The request for Norco 5/325mg #120 is not medically necessary.