

Case Number:	CM15-0209566		
Date Assigned:	10/28/2015	Date of Injury:	11/05/2010
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/24/2015

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: 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 46 year old male patient, who sustained an industrial injury on 11-05-2010. The diagnoses include post lumbar fusion low back pain at L5-S1, left leg pain and neuropathy and persistent post fusion, left cervical facet pain, headaches, low hemoglobin, hematocrit, bilateral sacroiliac joint pain and depression. Medical records dated from 03-23-2015 to 09-24-2015 indicated ongoing neck pain, right shoulder pain, low back pain and bilateral leg pain. Pain levels were rated 7-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of function. The patient has not returned to work. The physical exam, dated 09-24-2015, revealed difficulty sitting, an antalgic gait, tenderness to the cervical and lumbar spine, and painful and restricted range of motion (ROM) in the lumbar spine. The medications list includes MS contin, gabapentin, topamax, norco, senokot-S and tizanidine. He has undergone lumbar fusion. He had ESIs, SI joint injection, cervical radiofrequency ablation on 4/13/15 and physical therapy (PT) visits for this injury. There was no mention of urine drug testing, presence or absence of aberrant behavior or pain contracts. The UR (utilization review board) denied certification on October 7, 2015; for a prescription for Norco 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

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 non-opioid 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." 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. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. Norco 10/325mg #150 is not medically necessary 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.