

Case Number:	CM15-0209899		
Date Assigned:	10/28/2015	Date of Injury:	11/15/2011
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/26/2015

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: Arizona, 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 61 year old female who sustained an industrial injury on 11-15-2011. A review of the medical records indicates that the injured worker is undergoing treatment for pain in lower leg joint and lumbar disc disorder. According to the progress report dated 9-3-2015, the injured worker complained of chronic low back pain with radiation into the right lower extremity and bilateral knee pain. She reported that her right knee was 100% better since knee surgery on 7-6-2015. The injured worker had been given Oxycontin for post-operative pain; however stated that this affected her blood pressure. She was switched back to Norco. She reported that Norco improved her tolerance for weight bearing and performing physical therapy exercises. Objective findings (9-3-2015) revealed an antalgic gait. Spasm and guarding were noted in the lumbar spine. Treatment has included physical therapy and medications. Current medications (9-3-2015) included Hydrocodonebit-APAP (since at least 3-2015), Omeprazole, Meloxicam, Excedrin, Metformin, Celexa, Trazodone and Lorazepam. The original Utilization Review (UR) (9-25-2015) denied a request for Hydrocodonebit-APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/apap 10-325mg; take 1 tablet QID, qty: 84 for 30 day supply: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco and Oxycontin intermittently. The claimant had been on Hydrocodone for several months. Long-term use is not indicated. Weaning or Tylenol failure was not noted. Continued use is not medically necessary.