MAXIMUS Federal Services

Case Number:	CM15-0024977		
Date Assigned:	02/17/2015	Date of Injury:	05/18/2006
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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:

The injured worker is 47 year old female who sustained an industrial injury on 5/18/06 while lifting heavy boxes and sustained intense low back pain. She is currently experiencing nagging low back pain which is manageable with medications. Medications include hydrocodone/ acetaminophen. Diagnoses include lumbar degenerative disc disease; iliolumbar strain; limbosacral strain; chronic low back pain; lumbosacral spondylosis. Treatments to date include medications, chiropractic care and physical therapy. In a progress note dated 7/8/14 the treating provider indicates that the injured worker was upset when he attempted to decrease her pain medication and he requested another provider to manage her pain medications. Her urine toxicology screen was consistent with taking Norco. In the progress note dated 12/1/14 the provider that the injured worker was transferred to notes improvement in pain with medications and physical therapy. On 2/2/15 Utilization Review non-certified the request for hydrocodone/ acetaminophen 10/325 mg # 90 citing MTUS: Chronic Pain Medical Treatment Guidelines: Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications, Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st 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 for over 6 months. Previously it was used in combination with Diclofenac and MSContin. There is no indication of Tylenol failure or why an NSAID alone rather than an opioid must be used. Pain scores were not provided for pain response comparison over time. The continued use of Norco is not justified and therefore not medically necessary.