

Case Number:	CM15-0026479		
Date Assigned:	02/18/2015	Date of Injury:	08/30/1993
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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 61 year old female, who sustained an industrial injury on 8/30/93. She has reported low back pain. The diagnoses have included lumbar radiculopathy and diabetes. Treatment to date has included oral pain medications, epidural injections, spinal cord stimulator and physical therapy. Currently, the injured worker complains of low back and bilateral lower extremity pain. It is noted the pain level is minimally decreased with medications and improved following epidural injections. On 1/20/15 Utilization Review non-certified Hydrocodone-Acetaminophen 10/325mg #50, noting there is no submitted documentation indicating a flare up or that medications are prescribed for incidental pain. The MTUS, ACOEM Guidelines, was cited. On 1/28/15, the injured worker submitted an application for IMR for review of Hydrocodone-Acetaminophen 10/325mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The provider has documentation minimal to no improvement in pain and minimal improvement in function with current pain regiment. Patient has reportedly continued severe pain even with current opioid therapy. The amount opioids currently being taken also exceeds the recommended maximum of 120mg Morphine Equivalent Dose. In combination with Fentanyl patch, patient is currently on over 200mg MED which exceeds recommendation maximum as per MTUS chronic pain guidelines. Several QMEs have recommended weaning patient from meds and detoxification programs but patient has refused. The provider has documented no plan for weaning since patient has reportedly not done well with weaning in the past. The documentation shows barely 1 point improvement in pain with high dose opioid therapy and minimal objective functional improvement. Documentation fails to support any benefit from opioid therapy. Patient is on long acting fentanyl patches, there is no documentation as to why patient needs short acting oral opioids with no noted flare in pain or any improvement in pain. This prescription for Norco is not medically appropriate or necessary.