

Case Number:	CM15-0224664		
Date Assigned:	11/23/2015	Date of Injury:	05/08/1999
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 5-8-1999. Diagnoses include cervical discopathy, status post cervical fusion, lumbar discopathy, with disc displacement and stenosis, bilateral sacroiliac arthropathy, and lumbar radiculopathy. Medication prescribed for at least one year included Cyclobenzaprine 7.5mg twice daily, Prilosec 20mg twice daily, Ultram ER 150mg once daily, Soma 350mg three times daily, Ambien 10mg, one before bed, and topical compound creams. In addition, Norco 10-325mg, one tablet every four hours as needed, was ordered on 2-7-15. By August 2015, the records indicated prescribed medications included Lunesta 2mg daily, Prilosec 20mg twice daily, and Norco 10-325mg up to four times daily. On 10-9-15, he complained of ongoing low back pain including bilateral sacroiliac joints with radiation to bilateral lower extremities associated with numbness and tingling. There was also neck pain with radiation to bilateral upper extremities. The medications last provided on 9-8-15, included Lunesta and Prilosec and were noted to alleviate some of the symptoms. The records indicated Norco had also been ordered, however, the records did not indicate that the medication was available. The physical examination documented cervical tenderness with decreased range of motion and stiffness. The lumbar spine revealed tenderness, decreased range of motion, bilaterally positive straight leg raise tests, and positive Fabere-Patrick's tests. There was tenderness noted over bilateral sacroiliac joints and decreased sensation in bilateral upper and lower extremities. The plan of care included ongoing medication management including Lunesta, Prilosec, and Norco 10-325mg, as previously prescribed. The

appeal requested authorization for Norco 10-325mg #90. The Utilization Review dated 11-6-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone Bitartrate and APAP) 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco (hydrocodone bitartrate/APAP) 10/325mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical discopathy, status post cervical fusion; lumbar discography with disk displacement and stenosis; bilateral sacroiliac arthropathy; and lumbar radiculopathy. Date of injury is May 8, 1999. Request for authorization is October 9, 2015. The documentation indicates injured worker has been using opiates on a chronic basis as far back as 2010. According to utilization review dated August 25, 2015, Norco tapering was concluded and no further dosing was required for training purposes. According to October 9, 2015 progress notes, subjective complaints are ongoing low back pain and bilateral SI joints that radiates to the legs with numbness and tingling. Additional complaints are insomnia. Medications help. Objectively, there is tenderness over the lumbar paraspinal muscles with decreased range of motion. There is bilateral straight leg raising. The treating provider continues to prescribe Norco 10/325mg. The documentation does not demonstrate objective functional improvement. According to the utilization review, Norco was tapered. There was no clinical rationale for the ongoing use of Norco 10/325mg. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, recommended weaning and tapering and no clinical rationale to support the ongoing use of Norco 10/325mg, and no documentation demonstrating objective functional improvement, Norco (hydrocodone bitartrate/APAP) 10/325mg #90 is not medically necessary.