

Case Number:	CM15-0030332		
Date Assigned:	02/26/2015	Date of Injury:	09/05/2012
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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 47 year old male patient, who sustained an industrial injury on 9/5/2012. The current diagnoses include status post laminectomy/discectomy at lumbar 5 - sacral 1 and status-post lumbar fusion at L4-L5-S1 and disc protrusion at L4-5. Per the doctor's note dated 3/11/2015, he had complaints of low back pain at 8/10 with radiation to the lower extremities. The physical examination revealed no significant changes. The current medications list includes duragesic patch, norco, effexor, omeprazole and zanaflex. He has had lumbar spine on 10/9/2013 which revealed disc protrusion at L4-5 and a right laminectomy at L5-S1. He has undergone lumbar laminectomy at L5-S1 in 7/2013 and lumbar fusion at L4-L5-S1 in 4/2014. He has had acupuncture visits for this injury. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled, extended until 2/28/2015. On 1/29/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/13/2015, for Norco 10/325mg, #240. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, opioids for chronic pain, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 Norco 10/325mg between 1/13/2015 and 3/12/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, and Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: 240 Norco 10/325mg between 1/13/2015 and 3/12/2015 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS 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. A 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 the 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. Response to lower potency opioids like tramadol is not specified in the records provided. A recent urine drug screen report is also not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of 240 Norco 10/325mg between 1/13/2015 and 3/12/2015 is not established for this patient at this time.