

Case Number:	CM15-0030387		
Date Assigned:	02/24/2015	Date of Injury:	11/03/2014
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male who sustained a work related injury to his back while unloading and carrying blocks as a landscaper on November 3, 2014. The injured worker was diagnosed with cervicgia, brachial neuritis or radiculitis, lumbago, lumbar spine radiculopathy and thoracic sprain. Now experiencing chronic neck and back pain of 4-5/10 severity. Cervical magnetic resonance imaging (MRI) on January 15, 2015 noted a small central bulge at C3-C4, C4-C5 and C6-C7 without cord compression or nerve root impingement. The thoracic magnetic resonance imaging (MRI) was within normal limits. The lumbar magnetic resonance imaging (MRI) demonstrated disc protrusion at L4-L5-S1 with moderate lateral recess, foraminal stenosis and facet arthropathy worse on the left side. At L3-L4 there was a disc desiccation and bulging with a small high intensity zone in the left lateral annulus. According to the primary treating physician's progress report on March 23, 2015 the patient notes improvement with medication use and exacerbation with movement. On examination the lumbar spine was tender to palpation, with no evidence of radiculopathy. There was pain on extension and rotation with some muscle spasm. Current medications are listed as Naprosyn and Hydrocodone/Acetaminophen. Current treatment modalities consist of physical therapy and massage modalities which the injured worker finds beneficial. The injured worker is on temporary total disability (TTD) and has not returned to work. The treating physician requested authorization for Norco 5/325mg #90 with 0 Refills. On February 10, 2015 the Utilization Review denied certification for Norco 5/325mg #90 with 0 Refills. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74-96, 51.

Decision rationale: Norco is a combination of acetaminophen and hydrocodone, an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length, and primary use is for musculoskeletal pain. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific functional improvement. The documentation states that the pain is improved on medication, but the information is non-specific, significant pain is still present, and there is no evidence of functional improvement. The patient is also on naprosyn, which is a first-line NSAID therapy, and there is no documentation to explain why combination therapy is needed or why first-line therapy is insufficient. Therefore, the request for Norco 5/325 mg #90 with 0 refills is not medically necessary at this time.