

Case Number:	CM15-0033494		
Date Assigned:	02/27/2015	Date of Injury:	03/09/2005
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53-year-old female, who sustained an industrial injury on March 9, 2005. The injured worker had reported a low back pain. The diagnoses have included lumbar post laminectomy syndrome, left lumbosacral radiculopathy, degeneration of lumbar intervertebral disc, anxiety and major depressive disorder, moderate. Treatment to date has included medications, lumbar anterior-posterior reconstructive surgery in 2006, a functional restoration program, physical therapy and a stretching program. Current documentation dated January 26, 2015 notes that the injured worker complained of low back pain with radiation to the left lower extremity. Associated symptoms included stiffness of the low back and numbness of the left lower extremity. She also reported intermittent migraine headaches and intermittent episodes of anxiety. The injured worker's current medication regime was noted to manage her symptoms and allows her to function at a higher level, including walking and a stretching program. On February 10, 2015 Utilization Review non-certified a request for Hydrocodone 10 mg/Acetaminophen 325 # 180. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg/Acetaminophen 325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for long-term without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the request for Hydrocodone 10mg/Acetaminophen 325 mg #180 is not medically necessary.