

Case Number:	CM15-0037109		
Date Assigned:	03/05/2015	Date of Injury:	04/26/2011
Decision Date:	04/10/2015	UR Denial Date:	02/22/2015
Priority:	Standard	Application Received:	02/27/2015

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: District of Columbia, Virginia
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 63-year-old male, who sustained an industrial injury on 4/26/2011. The diagnoses have included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac (SI) joint arthropathy and status post left ankle open reduction internal fixation. Treatment to date has included physical therapy, acupuncture and medication. Magnetic resonance imaging (MRI) of the lumbar spine dated 1/8/2015 showed straightening of the lumbar lordosis and bilateral facet hypertrophy. According to the progress report dated 1/15/2015, the injured worker complained of low back pain rated 8/10. He stated that his medications were helping him with his pain. Physical exam revealed an antalgic gait on the right. He ambulated with a cane. Lumbar spine exam revealed moderate tenderness to palpation over the lumbar paraspinal muscles. There was moderate facet tenderness to palpation at the L4 through S1 levels. The injured worker underwent a random urinary drug screening test at the visit. He was given a refill of Norco 10/325mg one by mouth every four to six hours #120. On 2/19/2015, Utilization Review (UR) modified a request for Norco 10/325mg #120 to Norco 10/325mg #60. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 75, 91,124.

Decision rationale: Per MTUS: Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. This patient had been on this medication over the indicated time frame. This medication is approved for short-term usage and it would not be medically indicated. A process of weaning should be initiated.