

Case Number:	CM15-0041685		
Date Assigned:	03/11/2015	Date of Injury:	03/25/2013
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 34-year-old male, who sustained an industrial injury on 03/25/2013. He reported injury to low back. The injured worker was diagnosed as having lumbar disc herniation; chronic low back pain; and chronic bilateral lower extremity intermittent paresthesias. Treatment to date has included medications, diagnostic studies, and physical therapy. Medications have included Norco, Atarax, Gabapentin, Naproxen, and Pantoprazole. A progress note from the treating provider, dated 10/28/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of lower back pain with radiation in the left thigh; he has been limping; and some improvement in pain relief taking the Atarax along with the Norco. Objective findings included paralumbar tenderness from L1 to L5-S1, left greater than right with left sacroiliac and left trochanteric tenderness; some lumbar spasm; and decreased range of motion. The treatment plan of care includes a prescription for Norco as it provides pain relief and increased functioning. Request is being made for (retro) Norco 10/325 mg #120 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Norco 10/325mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Department of Justice Drug Enforcement Administration 21 CFR Part 1308, Docket No. DEA-389 - Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II
http://www.dea.gov/diversion/fed_regs/rules/2014/fr0822.htm
http://www.dea.gov/diversion/faq/mult_rx_faq.htm#7.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for low back complaints. Pursuant to the Controlled Substances Act, the Drug Enforcement Administration rescheduled Hydrocodone combination products from schedule III to schedule II effective October 6, 2014. The issuance of refills for a schedule II controlled substance is prohibited by law. Medical records document the long-term use of opioid medications, which is not supported by MTUS and ACOEM guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back complaints. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. Norco 10/325 mg #120 with 3 refills was prescribed 10/28/14, which is equivalent to 480 tablets of Norco 10/325 mg. MTUS guidelines do not support the request for a total of 480 tablets of Norco 10/325 mg without regular clinical reevaluations. Norco 10/325 mg is a schedule II Hydrocodone combination product. Per DEA rules, the issuance of refills for a schedule II controlled substance is prohibited by law. Therefore, the request for Norco 10/325 mg #120 with 3 refills is prohibited by law. Therefore, the request for Norco 10/325 mg #120 with 3 refills is not medically necessary.