

Case Number:	CM15-0051342		
Date Assigned:	03/24/2015	Date of Injury:	03/01/2001
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/18/2015

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: Arizona, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 03/01/2001 reporting low back with radicular bilateral leg pain with numbness, tingling and weakness along with shoulder pain. On provider visit dated 03/09/2015 the injured worker has reported low back pain and intractable pain in the extremities. On examination she was noted to have diffused axial back pain with extension along the pelvic brim. The diagnoses have included post lumbar laminectomy syndrome, low back pain, lumbar radiculitis, lumbar facet arthropathy and left supraspinatus tendinopathy. Treatment to date has included medication, CT myelogram of lumbar spine, laboratory studies, x-ray, injections, physical therapy and TENS unit. The provider requested hydrocodone for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including (Percocet) for several months without significant improvement in pain or function. No one opioid is superior to another. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.