

Case Number:	CM15-0060144		
Date Assigned:	04/06/2015	Date of Injury:	01/22/2014
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male, who sustained an industrial injury on 1/22/14. He reported low back pain with numbness and tingling down his legs. The injured worker was diagnosed as having lumbar herniated nucleus pulposus. Treatment to date has included medications, a L5-S1 transforaminal epidural steroid injection that provided 10% pain relief, and home exercise. A MRI of the lumbar spine performed on 1/26/14 revealed a tear of the posterior annulus at L4-5 with disc osteophyte complex. Central canal and right lateral recess stenosis was also noted. Currently, the injured worker complains of low back pain that radiates to bilateral legs right worse than left. Numbness was noted on the thighs and calves with tingling to the toes. The treating physician requested authorization for Hydrocodone/Acetaminophen 10/325mg #150. Pain was noted to be 5/10 currently, 8/10 at the worst, and 4/10 at best.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone - Acetaminophen 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without side effects or aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.