

Case Number:	CM15-0082241		
Date Assigned:	05/04/2015	Date of Injury:	11/02/2009
Decision Date:	06/03/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/29/2015

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 51 year old male, who sustained an industrial injury on 11/2/09. The injured worker has complaints of constant neck pain that radiates to the bilateral shoulders and complains of constant low back pain that radiates to the bilateral lower extremities. The diagnoses have included disc protrusion at L5-S1 (sacroiliac) measuring 2 millimeter with left foraminal extension; obesity; status post bilateral ingrown toenail surgery; depression and insomnia secondary to chronic pain syndrome and left greater than right lower extremity radiculopathy. Treatment to date has included physical therapy; home exercise program; Norco and epidural steroid injections. The request was for norco 10-325mg #60. A progress report dated October 22, 2014 states that Norco provides 70% relief with increased activities of daily living. A urine drug screen performed on September 10, 2014 is positive for hydrocodone and consistent. The note indicates that the patient is taking the medication as directed with no aberrant behavior. The only side effect is constipation, which is managed. A progress report dated February 11, 2015 documents similar improvement with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain -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, California Pain Medical Treatment Guidelines note that it 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 with no intolerable side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Norco is medically necessary.