

Case Number:	CM15-0082813		
Date Assigned:	05/01/2015	Date of Injury:	08/22/1998
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 47-year-old female, who sustained an industrial injury on 08/22/1998. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, electro diagnostic testing, injections and lumbar surgeries (x2). Currently, the injured worker complains of ongoing low back pain with radiating pain into the right lower extremity. The injured worker stated that she usually takes Aleve once or twice per week, and uses Norco when the pain is more severe; however, she does not like taking pain medication due to the drowsiness effects. The Norco was initially prescribed for this injured worker in April 2014 when she went to the emergency room due to severe pain with difficulty breathing. The diagnoses include right lumbar radiculitis, chronic low back pain, and status post lumbar (L5-S1) fusion. The request for authorization included Norco 5/325mg #30 that was modified for tapering 20% per week with a quantity of 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The patient had lumbar L5-S1 discectomy and fusion surgery in 1998. Revision surgery was performed in 2002 with removal of a broken screw and bone graft at L5-S1 level. EMG electromyography study in 11/10/05, which showed bilateral chronic S1 radiculopathy with post laminectomy fusion changes. The patient is status-post L5-S1 fusion, chronic low back pain, and right lumbar radiculitis. The orthopedic progress report dated 3/23/15 documented a request for MRI magnetic resonance imaging of the lumbar spine. The patient continued to have severe pain in the lower back with radiation down the right lower extremity. The treatment plan included consideration for lumbar facet joint or lumbar epidural steroid injections. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on imaging and electro diagnostic studies. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 5/325 mg #30 is medically necessary.