

Case Number:	CM15-0082869		
Date Assigned:	05/05/2015	Date of Injury:	06/18/1999
Decision Date:	06/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 67 year old male, who sustained an industrial/work injury on 6/18/99. He reported initial complaints of low back pain. The injured worker was diagnosed as having chronic pain syndrome and lumbosacral degenerative disc disease. Treatment to date has included medication, chiropractic care, physical therapy, and home exercises. Currently, the injured worker complains of chronic low back pain and stiffness rated 4/10. Per the primary physician's progress report (PR-2) on 4/7/15, medication included (Norco) for 5-6 years and Vicodin prior. The present medication was reported by the injured worker as 'keeping him functional' and takes it four times daily as well as Lidoderm patch one to two topically to the low back for pain. Physical exam revealed normal gait, mild stiffness with sitting down and standing, mild postural guarding, strength 5/5 and limited lumbosacral flexion and extension. Drug screen was performed on 3/18/15 noting compliance. The requested treatments include Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 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 Norco 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 no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). It is noted that the patient documented about the improved pain, side effects, and aberrant use, however no specific examples of the difference of objective functional improvement on the current dose and off the current dose of the medication was provided. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering and possibly correct documentation on the objective functional differences on a lesser dose. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.