

Case Number:	CM15-0083042		
Date Assigned:	05/05/2015	Date of Injury:	11/15/2004
Decision Date:	06/08/2015	UR Denial Date:	04/20/2015
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

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 56 year old male, who sustained an industrial injury on 11/15/2004. He reported sudden acute low back pain. Diagnoses include low back pain and multilevel lumbar disc degeneration, disc protrusion and stenosis per the 2008 MRI. Treatments to date include medication therapy, chiropractic therapy, and lumbar epidural steroid injection with documented pain relief. Currently, he complained of low back pain. The pain was rated 3/10 VAS with medication and 8/10 VAS without medication. On 3/27/15, the physical examination documented muscle spasm and tenderness on the right lumbar areas with positive straight leg raising test on the right side. There was decreased sensation noted to the right foot. The plan of care included continuation of Hydrocodone/Acetaminophen 10/325mg; one tablet once daily, quantity #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325 mg Qty 30: 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 Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic 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, a progress note on 3/27/15 indicated that the medication is reducing the patient's pain from 8 out of 10 to 3 out of 10 with medication. The provider has discuss side effects of the medication with the patient in extensive detail. However, there is no routine monitoring of aberrant use with urine drug screen test and/or CUREs report. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.