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| Case Number: | CM15-0083362 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 09/24/2007 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 04/07/2015 |
| 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 female, with a reported date of injury of 09/24/2007. The diagnoses include lumbar spondylosis with left lumbar facet pain, rule out right cervical facet pain, right-sided lumbar facet medicated pain, and post radiofrequency piriformis syndrome. Treatments to date have included left lumbar radiofrequency medical branch neurotomy at L5-S1, oral medications, and radiofrequency procedures to the cervical spine. The medical report dated 03/26/2015 indicates that the injured worker complained of right-sided neck pain, occipital headache, and radiation of pain across the top of the right shoulder. She also complained of low back pain. It was noted that the injured worker took up to 60mg of Norco for breakthrough pain; the medication started working in 10-15 minutes and reduced her pain an additional 25%. The medications improved her function, and without the medications she would spend much more time resting or in bed. The physical examination showed moderate tenderness over the right cervical facet joints; moderate right-sided pain with cervical spine rotation; improved ability to extend and rotate the lumbar spine; marked tenderness over the bilateral piriformis muscles; negative straight leg raise test; and decreased lower extremity range of motion. The treating physician requested Norco 10/325mg #180. On 04/07/2015, Utilization Review (UR) modified the request to Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 03/26/15 Norco 10/325mg Qty: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

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 with no indication of aberrant use. In light of the above, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.