

Case Number:	CM15-0086843		
Date Assigned:	05/11/2015	Date of Injury:	10/15/2010
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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: Emergency 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 46 year old male with an industrial injury dated 10/15/2010. The injured worker's diagnoses include lumbar discogenic pain status post L5-S1 anterior fusion dated 12/19/2012, chronic low back pain status post hardware removal fated 4/1/2013 and status post spinal cord stimulator trial dated 6/2013 with no benefit. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine 9/26/2012, Computed tomography scan of lumbar spine dated 4/27/2012, prescribed medications, home exercise therapy, surgical procedures and periodic follow up visits. In a progress note dated 4/02/2015, the injured worker reported ongoing low back pain rated 8/10 without medications and a 4/10 with medications. The injured worker also reported that he does well with his current medication regimen. Objective findings revealed tenderness to palpitation over mid spine area of the lumbar spine and good range of motion with pain at endpoints. Treatment plan included medication management, exercise and a follow up appointment. The treating physician prescribed services for Norco 10/325 mg #120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Norco is acetaminophen and Hydrocone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Norco chronically. Documentation of 4As are appropriate with good documentation of analgesia, activity of daily living and appropriate monitoring. However, as per MTUS guidelines, it recommends opioids for short term use, long term plan and if necessary at lowest opioid dose possible. Guidelines recommend long acting opioids over short acting opioids for chronic pain control. Pt only gets 2-3hours of short term pain relief from norco with modest improvement in function. There is no documentation of prior attempts at weaning or plan for conversion to long acting opioids for better long term pain control. While it may be impossible to fully wean patient off from opioids due to prior surgical pathology, the lack of documentation of attempting to decrease continued opioid use is not appropriate. Multiple prior Utilization Reviews have recommended weaning but the provider has failed to attempt to weaning. Continued chronic use of Norco is not appropriate. Norco is not medically necessary.