

Case Number:	CM15-0088384		
Date Assigned:	05/12/2015	Date of Injury:	06/14/1995
Decision Date:	06/15/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old female patient, who sustained an industrial injury on 6/14/1995, from lifting and carrying heavy boxes, resulting in back pain. The diagnoses include history of lumbar laminectomy, lumbar back pain, and stress disorder. Per the progress report, dated 3/03/2015, she had complaints of increasing back pain, difficulty walking, and pain radiating from her back into her hips and posterior thighs. It was documented that "Norco barely touches the pain." Per the doctor's note dated 4/02/2015, she had complaints of increasing back pain, difficulty walking, and pain radiating from her back into her hips and posterior thighs. It was difficult for her to walk very far and she was unable to "work even limited at this rate." Again, it was documented that Norco barely touches the pain. A history of stress and depression was documented. Work status was permanent and stationary. Physical exam noted positive straight leg raise, right greater than left; no palpable spasm and tenderness. The medications list includes Norco, Bupropion, Clobetasol emulsion, Triple Flex caps, Omeprazole, Cyclobenzaprine, and Meloxicam. She has undergone lumbar surgery in 1998. She has had Lumbar magnetic resonance imaging report dated 1/28/2015, which revealed left foraminal disc herniation with extruded disc material at the L3-4 level, which abuts and causes superior displacement of the left L3 nerve root. She has had physical therapy, acupuncture, cortisone injections. Urine toxicology was not noted. The treatment plan included neurosurgical consult and continued medications, including Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The request of Norco 10/325mg, #180 is not medically necessary for this patient.