

Case Number:	CM15-0242690		
Date Assigned:	12/22/2015	Date of Injury:	07/24/2006
Decision Date:	01/25/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 46 year old female, who sustained an industrial injury on 7-24-2006. The injured worker is being treated for degeneration of lumbar or lumbosacral intervertebral disc, lumbar radiculopathy, degeneration of cervical intervertebral disc, neck pain and cervical radiculopathy. Recent treatment has included diagnostics, epidural steroid injection and pain medications. Magnetic resonance imaging (MRI) of the lumbar spine dated 11-18-2011 showed stable L4-5 mild central disc protrusion creating mild central canal stenosis without change. Per the Primary Treating Physician's Progress Report dated 11-19-2015, the injured worker presented for routine office visit and medication refills. She reported increase in her low back pain and left leg numbness and tingling. Her pain score without medication is 10 out of 10 and with medication 7 out of 10. Recent pain has gotten so bad that she is unable to do any activities. Current medications include Norco, Fentanyl patch, Flexeril and Zofran. Objective findings of the cervical spine included moderate tenderness and severe spasm with light palpation with restricted ranges of motion. Lumbar spine exam revealed severe tenderness and tightness over the lumbar region with restricted ranges of motion. Per the submitted documentation the IW has been prescribed Norco since at least 6-23-2015. Per the report dated 6-23-2015 her pain score without medication is 10 out of 10 and with medication 7 out of 10. There is no documentation of significant functional improvement in symptoms such as a subjective or objective increase in activities of daily living attributed to the use of Norco. Work status was not documented at this visit. The plan of care included conservative measures including heat, ice, rest, gentle stretching and exercise as well as continuation of current

medications. Authorization was requested for Hydrocodone-APAP (Norco) 10-325mg #115. Per the Utilization Review letter dated 12-02-2015, Hydrocodone-APAP 10-325mg #115 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10/325mg day supply: 19 qty: 115 refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 10/325 mg, 19-day supply, #115 tablets, refills zero is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degeneration of lumbar or lumbosacral intervertebral disc, lumbar radiculopathy, degeneration of cervical intervertebral disc, neck pain and cervical radiculopathy. Date of injury is July 24, 2006. Request for authorization is November 3, 2015. According to a March 24, 2015 progress note, the treating provider prescribed Norco (hydrocodone/APAP) 10/325 mg and tramadol. Pain score was 6/10. The weaning process for Norco started. According to a September 23, 2015 progress note, pain score is 9/10. Fentanyl was added to the Norco and tramadol drug regimen. According to a November 19, 2015 progress note, subjective complaints of chronic neck pain and mid thoracic and low back pain. Medications listed include Norco (hydrocodone/APAP) 10/325mg and fentanyl. Tramadol is not on the list of current medications. Pain score 7/10. Objectively, range of motion cervical spine is decreased with moderate tenderness and spasm. Lumbar spine is markedly tender and tight with decreased range of motion and positive straight leg raising. The utilization review states Norco was prescribed nine years ago. The documentation does not demonstrate objective functional improvement over the nine-year period since Norco was prescribed. The VAS pain scores remain elevated in the 6/10 to the 9/10 range. There are no detailed pain assessments or risk assessments. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Hydrocodone/APAP 10/325 mg, 19-day supply, #115 tablets, refills zero is not medically necessary.