

Case Number:	CM14-0132811		
Date Assigned:	08/22/2014	Date of Injury:	04/08/1999
Decision Date:	10/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male who reported an industrial injury on 4/8/1999, over 15 years ago, attributed to the performance of his usual and customary job tasks. The patient complains of neck and back pain. The patient is able to work part-time as a forklift driver. The objective findings on examination included decreased range of motion to the cervical spine; intact motor strength; normal sensation and deep tendon reflexes in the upper extremities; limited range of motion of the lumbar spine normal motor strength; normal sensation; normal DTRs; able walk on toes and heels. The diagnosis was lumbar spine sprain/strain; cervical spine sprain/strain; underlying spondylitic changes; cervicogenic headaches; thoracic sprain/strain; degenerative joint disease; facet arthrosis; and chronic pain. The patient was prescribed Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120, as an outpatient for neck and low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010.ODG (Official Disability Guidelines); Workers Compensation Drug Formulary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306,Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids, American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 6 pages 114-16

Decision rationale: The prescription for Hydrocodone-APAP (Norco) 10/325 mg #120 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back and neck for the date of injury 15 years ago for the diagnosed Spring/strain and underlying degenerative disc disease. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain and chronic neck pain, which is inconsistent with the recommendations of the MTUS Chronic Pain Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 15 years s/p the DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the MTUS Chronic Pain Guidelines, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The current prescription of opioid analgesics is inconsistent with evidence based guidelines. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #120 is not demonstrated to be medically necessary.