

Case Number:	CM14-0152629		
Date Assigned:	09/22/2014	Date of Injury:	03/13/1995
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/18/2014

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 Pain Management 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:

The injured worker is a 60 year old male with a date of injury on March 13, 1995. As per the report of August 21, 2014, he complained of low back, leg, and left shoulder pain; average pain with medications was 7/10 and 10/10 without. He had no side effects as long as he uses Prilosec. He was denied epidural steroid injections and physical therapy. Cervical spine exam revealed exquisite tenderness over C3-5 facet joints on the left. Lumbar spine exam showed paraspinal tenderness, left greater than the right to palpation. Squatting reproduced left knee pain and caused left calf cramping. There was positive straight leg-raise on the left at 50 degrees with a positive Lasegue maneuver, reproduced pain radiating to the distal calf. There was decreased strength on left upper extremity, weakness in the left leg, and decreased sensation to the left C5-6 and L4-L5. Cervical spine magnetic resonance imaging on April 2, 2013, showed moderate discogenic spondylosis affecting C6-7, trace bulge with a superimposed broad-based central protrusion and moderate central stenosis with left and right foraminal narrowing at C6-7, and borderline central stenosis at C5-6. Lumbar spine magnetic resonance imaging on August 26, 2013 showed broad-based posterior disc protrusion at L3-4 and moderate bilateral neural foraminal narrowing at L4-5 and L5-S1. Urine drug test dated July 5, 2014, was positive for Hydrocodone and Norhydrocodone, but consistent with prescribed medications. He has had two left shoulder surgeries and a left index finger surgery. He is on Norco, Ambien, Nortriptyline hydrochloride, omeprazole, naproxen sodium, and lidocaine hydrochloride. Past treatments have included cervical spine and lumbar spine epidurals, physical therapy with benefit and acupuncture with benefit. He has been on Norco since at least March 27, 2014. Diagnoses include lumbago, degenerative thoracic/thoracolumbar intervertebral disc, left knee pain, degeneration of cervical intervertebral disc, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, cervicalgia, and pain in joint; shoulder

region. Norco 10/325 mg, #90 was modified to Norco 10/325 mg #45 on June 15, 2014 for weaning purposes. Norco was denied on July 17, 2014. The request for Norco 10/325 mg, #90 x1 was denied on September 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 90Refill:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OpioidsOpioids, specific drug list Page(s): 74, 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen. There is no documentation of significant improvement in pain level or function specifically with prior use to demonstrate the efficacy of this medication. Long-acting opioids should be considered when continuous around the clock pain relief is desired. Therefore, the requested Norco is not considered medically necessary.