

Case Number:	CM14-0165012		
Date Assigned:	10/09/2014	Date of Injury:	02/01/2002
Decision Date:	11/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine and Rehabilitation, 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 records presented for review indicate that this 69 year-old male was reportedly injured on February 1, 2002. The mechanism of injury is reported at cumulative trauma to low back while working as an equipment maintainer. The injured worker is now retired. The most recent progress note, dated 8/13/2014 indicates that there are ongoing complaints of lumbar pain. The physical examination demonstrated tenderness in the lumbar area. Movement is restricted due to pain in all directions. Normal stability strength and tone is demonstrated. Left and right lower extremities demonstrated muscle strength of 5/5, normal tone and normal muscle bulk. Muscle spasm lumbopelvic, bilateral paraspinal at the lumbosacral junction. Antalgic gait was reported. Neurology pain report dated 8/13/14 reported pain score of 8-9/10 on visual analogue score (VAS). The diagnosis is Lumbago (724.2). Previous treatment included pain medications such as Protonix, Zanaflex, Ultram ER, and Vicodin. The treating physician stated that the injured worker is compliant using Vicodin one pill per day, gains pain relief and improvement in function. The treating physician also states that he is not addicted, overusing, or suffering side effects/complications from the medication; and there is no reasonable justification for forcing discontinuation. Compliance was monitored via pill counts, opioid contract, review of CURES and intermittent UDS. A lumbar spinal botox injection was reported in the progress report dated 5/21/14 and Trigger point injection was reported in the progress note dated 2/26/14 and improvement was noted as pain score (VAS) dropped from 8/10 to 3/10. A request had been made for Norco 7.5/325 mg #90 (90 supply) and was not certified in the pre-authorization process on 8/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #90 (90 supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91,76,89,80,78, 79-80, 81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 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 patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function specific to prior use to demonstrate the efficacy of this medication. Furthermore, conversion to long-acting opioids should be considered when continuous around the clock pain management is desired. The medical documents do not support continuation of Norco at the current dosage. Therefore, the medical necessity of the request has not been established based on guidelines and lack of documentation.