

Case Number:	CM14-0184568		
Date Assigned:	11/12/2014	Date of Injury:	01/04/2012
Decision Date:	12/16/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal 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 case of a 50 year of female with a date of injury of 1/4/2012. In a treating physician progress note dated 10/15/2014, the patient reports that she is worse. Her neck pain remains mild. Her low back pain is 9/10 without medication and 6/10 with medication. She continues to have bilateral lower extremity numbness, tingling and weakness. She uses Naproxen for inflammation and Norco for severe pain. She continues to have muscle spasms in her lower back that are reduced with her muscle relaxer. Objective findings revealed weakness and numbness of her bilateral lower extremities at L5-S1 as well as decreased bilateral ankle reflexes. Straight leg raise and bowstring are positive bilaterally. She has an atalgic gait. She is unable to heel walk and toe walk bilaterally. She also has mild cervical tenderness as well as lumbar tenderness and spasms. MRI of the cervical, thoracic, and lumbosacral spine revealed mild disc bulging in the cervical region, mild thoracic disc bulging, and L4-L5 & L5-S1 discogenic changes. The patient is diagnosed with musculoligamentous sprain/strain, cervical spine with multilevel mild cervical disc bulges, lumbar strain with degenerative disc disease and disc bulges, and thoracic strain with mild thoracic disc bulge. Her treatment plan included a refill of Norco to be used for severe and breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg every 4-6 hours as needed #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 74-79.

Decision rationale: Based on MTUS guidelines, short-acting opioids are seen as an effective method in controlling pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short-acting agents due to their adverse effects. The duration of action is generally 3-4 hours. When considering opioids for on-going management of chronic pain, adequate review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Consideration of a consultation with a multidisciplinary pain clinic is recommended if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Some of the reasons for discontinuation of opioids include if there is no overall improvement in function, unless there are extenuating circumstances, if there is continuing pain with evidence of intolerable adverse effects, or if there is decrease of functioning, or resolution of pain. In this case, the patient is using Norco for both severe pain and for breakthrough. The patient's pain levels are well documented with and without the medication. However, there is no report of how long the pain relief lasts, increased level of function or improved quality of life. Therefore, based on the MTUS guidelines and the evidence in this case, the request for Norco 10/325 mg every 4-6 hours, #120 is not medically necessary.