

Case Number:	CM14-0216494		
Date Assigned:	01/06/2015	Date of Injury:	02/25/1993
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 69 year old male with a date of injury of February 25, 1993. Results of the injury include low back pain, shoulder pain, and right groin pain. Diagnosis included status post anterior lumbar interbody fusion L4-5, L5-S1, herniated nucleus pulposus L3-4, left, status post left shoulder arthroscopy with glenohumeral joint osteoarthritis, status post multiple hernia repairs, and urological diagnosis. Treatment has included right L5-S1 transforaminal epidural steroid injection and pain management. Magnetic Resonance Imaging of the lumbar spine revealed status post anterior fusions of bodies of C4-C5 and C5-C6. In addition cages have been placed at L4-L5 and L5-S1 disk space levels. There was a partial bony bridging across both of the disk space level. There is disk dedication at L3-L4 level with a broad based posterior and left posterolateral disk protrusion which at its maximum on the far left side measures about 2 mm and encroaches into the left subarticular gutter, There is 10 mm of pre-existing anterolisthesis of L4 over L5. Progress report dated November 25, 2014 showed tenderness about the lower lumbar paravertebral musculature. Forward flexion was at 45 degrees, extension was at 10 degrees, and lateral bending was at 30 degrees. Work status was documented as permanent and stationary. The treatment plan included a prescription refill of Norco. Utilization Review form dated December 10, 2014 modified Hydrocodone 5/325 mg # 10 for 30 day supply according to MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #30 for 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco (Hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. Prior ilioinguinal blocks provided temporary but was the most relief. There is also no indication of non-steroidal anti-inflammatory drug (NSAID) or Tylenol failure. The request is not medically necessary.