

Case Number:	CM14-0217224		
Date Assigned:	01/07/2015	Date of Injury:	05/22/2002
Decision Date:	03/04/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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: Texas, 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:

This is a 71 year old male patient who sustained a work related injury on May 22, 2002 resulting in low back pain. The current diagnoses include lumbar degenerative disc disease (DDD), lumbar radiculopathy and chronic low back pain. Per the Doctor's note dated 1/12/2015, he had complaints of low back pain. Physical examination revealed lumbar spine tenderness, 80% restricted forward flexion, unable to do lateral bending and extension; positive bilateral straight leg raising. Per the pain management visit dated November 13, 2014, he had complaints of continued chronic low back and leg pain at 3/10 with medication and 8-9/10 without medication. Physical examination revealed lumbar tenderness on palpation, Flexion 50% restriction and unable to do extension. Follow up pain management visit dated December 12, 2014 is unchanged from previous visit. Medications include Levothyroxine, Bisoprolol, Simvastatin, Ranitidine, Nortriptyline, Lisinopril, Norco, Effexor, Senexion (senna), Docusate and OTC supplements. He has undergone lumbar fusion in 2/2012. He has had CT scan of the lumbar spine on March 2013 which revealed decompression with pedicle screw fusion of L3-4 and L4-5 and residual neural foraminal compromise. The injured worker uses heat, ice, rest and gentle stretching. He has had urine drug test on 8/13/2013, which was positive for opiates. On December 17, 2014, utilization review denied a request received December 17, 2014 for Norco 10/325 mg #180. Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80, Postsurgical Treatment Guidelines Page(s): n/a.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. He has had urine drug test on 8/13/2013 which was positive for opiates. A recent urine drug screen report was not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #180 is not established for this patient.