

Case Number:	CM15-0014560		
Date Assigned:	02/02/2015	Date of Injury:	04/11/2006
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female sustained a work-related injury on 4/11/2006. According to the progress notes dated 12/30/2014, the injured worker's (IW) diagnoses include left L4-5 paracentral herniated nucleus pulposus and lateral recess stenosis. She reports low back pain which radiates to the left leg. Previous treatments include medications, home exercise, pool therapy and injections. The treating provider requests Norco 10/325mg #120 with two refills. The Utilization Review on 1/15/2015 modified the request to Norco 10/325mg #60 with no refills, citing CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 74-89.

Decision rationale: The patient presents with low back pain, which radiates to the left leg. The current request is for Norco 10/325mg #120 with two refills. The UR modified the request and certified half of a one-month supply rather than two. Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. The treating physician states on 9/30/14, "Resume Norco 10/325 4/day max." According to the Controlled Substance Act, effective October 6, 2014, Hydrocodone combination products have been rescheduled from Schedule III to Schedule II. This change does not allow for refills and requires a new prescription to be issued for each use. Additionally, for chronic opiate use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The current request has not medically necessity as established by CA MTUS and the patient should be slowly weaned per guidelines. Recommendation is for denial.