

Case Number:	CM15-0015719		
Date Assigned:	02/03/2015	Date of Injury:	07/29/2009
Decision Date:	03/24/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 female patient, who sustained an industrial injury on 07/29/2009. A primary treating office visit dated 12/20/2014 reported chief complaint as lumbar spine pain. The patient is noted with subjective complaints of persistent pain in the lower back. He rated the pain at a 7 out of 10 in intensity and it occurs frequently. The pain is noted as unchanged since last visit. The pain is aggravated by the weather and with activities. The patient reported the medication and rest offers some relief from the pain. The patient is currently working. Objective findings showed lumbar spine with decreased range of motion and tenderness to palpation over the paraspinal muscles. There was hypertonicity over the paraspinal muscles on the right and a positive Kemp's sign bilaterally. She is diagnosed with being status post prior left L4-5 discectomy; recurrent lumbar disc herniation with extrusion in Left L5 nerve root, compromise; slightly impaired gait secondary to lower back pathology and controlled diabetes Mellitus. The plan of care involved the following; pending appointment for spine consultation; request authorization for magnetic resonance imaging of lumbar spine; request authorization for nerve conduction study of the bilateral lower extremities; request authorization for blood work checking kidney function; request authorization for the Kera-tek analgesic gel and lastly prescriptions written for Tramadol 50 MG. On 12/27/2014 Utilization Review non-certified the request, noting the California MTUS, American College of Occupational and environmental Medicine, Chronic Pain, Norco, Opioids was cited. The injured worker submitted an application on 01/27/2015 for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) and Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications; Page(s): page(s) 74-95; page 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation concluded the worker was experiencing LBP. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how often it was needed and used, how it was determined the lowest dose was prescribed, or the amount of time it took to achieve pain relief. Further, the request was made for an indefinite supply of medication, which does not account for potential changes in the worker's care needs. In the absence of such evidence, the current request for Norco (hydrocodone with acetaminophen) 5/325 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.