

Case Number:	CM15-0111735		
Date Assigned:	06/18/2015	Date of Injury:	01/28/2008
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 45 year old male who sustained a work related injury January 28, 2008. Past history included lumbar facet syndrome, lumbar radiculopathy and spondylosis, lumbar spinal stenosis and degenerative disc disease. The injured worker is currently participating in a functional restoration program. As of May 29, 2015, he is in 11-15 sessions of the 20 session program. Overall, he has been able to improve aerobic conditioning, strength, functional tolerances, range of motion, and grip strength. He is performing aerobic and stretching exercises at home, in days off of the program. According to a physician's report, dated May 22, 2015, the injured worker presented with ongoing low back pain with associated spasm, increased with activities and therapy. He remains on Norco 10/325mg by mouth twice a day as needed, and was able to taper. Diagnosis is documented as pain disorder with both psychological factors and an orthopedic condition. Treatment plan included discussion on prescribing 5 days of medication and will re-evaluate pain and requirements at the next visit. At issue, is the retrospective request for authorization for Norco 10/325mg #10, DOS 5/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #10 (DOS 5/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Weaning of Medications Page(s): 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20-9792. 26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.