

Case Number:	CM15-0121277		
Date Assigned:	07/02/2015	Date of Injury:	06/26/2001
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male patient who sustained an industrial injury on 06/26/2001. The accident was described as while working lifting some wood and sustained a disc protrusion with eventual subsequent surgical repair. He had a second injury on 06/2006 while backing up a truck to the dock he slipped and fell between the truck and the dock; underwent some physical therapy. He has even received injections. A physical therapy note dated 06/11/2015 reported the treating diagnoses as: osteoarthritis, localized, primary lower leg, and lumbosacral spondylosis without myelopathy. He participated in aquatic therapy session treating the left knee. A primary treating office visit dated 11/17/2014 reported the patient stating he received good relief from pain after administration of injection and he hopes to get another. He reports subjective complaint of having increased low back pain. Current medications are: Norco 10/325mg, Anaprox, Fexmid, and Prilosec. The assessment found the patient with lumbar spine strain/sprain syndrome; left lower extremity radiculopathy; lumbar facet joint syndrome; status post L4-5 laminectomy/discectomy 2000; left knee internal derangement; status post radiofrequency procedure 12/13/2006 and 02/20/2008; medication induced gastritis, and status post gastric bypass 04/29/2009. The patient is permanent and stationary. The plan of care involved recommending a course of acupuncture, continuing medications, and trigger point injection administration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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 this 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 indication that the medication is improving the patient's function and pain, but there is no discussion of aberrant use despite a urine drug screen that was negative for opioids. 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.