

Case Number:	CM15-0121535		
Date Assigned:	07/02/2015	Date of Injury:	08/31/2014
Decision Date:	08/31/2015	UR Denial Date:	06/12/2015
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: New York

Certification(s)/Specialty: Anesthesiology

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 43-year-old female, who sustained an industrial injury on 8/31/14. She reported a low back injury while transferring a patient. The injured worker was diagnosed as having lumbar disc disease, right lower extremity radiculopathy, diffuse regional myofascial pain, chronic pain syndrome with sleep and mood disorder and medication related gastritis. Treatment to date has included 12 sessions of physical therapy, home exercise program, epidural steroid injections, oral medications including Carafate, Lorazepam, Norco 10/325mg, Protonix, Tylenol extra strength and topical Lidoderm patch and Voltaren gel and chiropractic treatments. (MRI) magnetic resonance imaging of lumbar spine performed on 9/30/14 revealed degenerative disc disease at L4-5 and L5-S1 and moderate right neuro foraminal narrowing at L4-5. Currently on 6/3/15, the injured worker complains of mid and low back pain, bilateral buttock and right lower extremity pain; it is constant and sharp with numbness of right lower extremity. She also notes stress and insomnia related to her pain. She rates the pain as 6/10 and it is aggravated with activities and alleviated with rest and medications. She has not worked since 1/2015. On 6/3/15, physical exam noted slow, antalgic gait, tenderness to palpation over SI joints and she is wearing a brace. The treatment plan included continuation of Norco, Lidoderm and Voltaren and continuation of physical therapy and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.