

Case Number:	CM15-0121595		
Date Assigned:	07/02/2015	Date of Injury:	03/01/2006
Decision Date:	09/04/2015	UR Denial Date:	05/21/2015
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old female, who sustained an industrial injury on 3/1/2006. She reported injury of her low back while assisting a client. The injured worker was diagnosed as having lumbago, post-laminectomy syndrome, and unspecified thoracic/lumbosacral neuritis. Treatment to date has included medications, lumbar surgery. The request is for Norco tab 10-325 mg #35 for 30 days MED 30. On 12/9/2014, the work status is not indicated. She complained of low back pain that was increasing due to cold weather and radiating to her right buttock. She rated the pain 7/10 and indicated she needed a refill of Norco. She is reported to be taking 3 Norco per day. On 1/13/2015, the work status is not indicated. She complained of no change to her low back pain. She rated her pain 7/10. She continues to take 3 Norco per day. On 2/10/2015, her low back pain is noted to be rated 7/10. She indicated she had increasing muscle spasms and pain. No improvement is noted. She continues to take 3 Norco per day. On 3/10/2015, no work status is documented. She reported increased muscle spasms and pain, with no change noted. She continues to take 3 Norco per day. On 4/14/2015, she indicated she still has pain and the meds are helping. She rated her pain 6/10. She continues to take 3 Norco per day. The work status is not indicated. She reported going to the emergency room since her last visit for muscle spasms. The treatment plan included: Norco 10/325 mg one by mouth twice to three times per day. Aside from the current pain intensity rating, there are no other current and ongoing pain assessment findings documented. The documentation does not indicate her current and ongoing functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325mg #60 for 30 days MED 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid, which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, she is noted to continue taking 3 Norco per day. She reported going to the emergency room due to muscle spasms during the period between her last 2 current visits. Her pain intensity is only slightly decreased (<25%). Her work status is not documented. There is no documentation of her least reported pain over the period since her last assessment with the use of Norco; her average pain with Norco; her intensity of pain after taking Norco; how long it takes for pain relief with Norco; and how long pain relief lasts with Norco. In addition, there is no indicator of increased level of function, or improved quality of life documented. Therefore, the request for Norco Tab 10-325 mg #60 for 30 days MED 30 is not medically necessary.