

Case Number:	CM15-0121633		
Date Assigned:	07/02/2015	Date of Injury:	04/13/2012
Decision Date:	09/03/2015	UR Denial Date:	05/26/2015
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 52-year-old male injured worker suffered an industrial injury on 04/13/2012. The diagnoses included Thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with medication, radiofrequency ablation, psychotherapy, acupuncture, and spinal surgery. On 5/18/2015, the treating provider reported he was having more pain with shooting pain in the lower extremities when he coughs or sneezes. He was having shooting pain in the front, back of the legs up to the knees, and also is having severe low back pain as the radiofrequency ablation was wearing off. The pain was rated 6 to 8/10 without medications and stated with the flare up it goes up to 10/10. He stated stretching exercises and walking in the pool daily beneficial. The provider noted no evidence of developing medications dependency. He continued to have bilateral shoulder pain. On exam, there was restricted lumbar range of motion and tenderness with spasms. There were positive facet signs and the facets are very painful. He was started on a trail of Norco after discontinuation of Hysingla due to side effects. The left lateral leg is numb. The injured worker had not returned to work. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 1 tab BID to TID #90: 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): 47-96.

Decision rationale: According to the CA MTUS and ODG, Norco 5/325mg (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. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided indicated pain levels without medications. In this case, the provider discontinued a long acting medication containing Hydrocodone due to side effects and replaced it with a trial of the short acting Hydrocodone (Norco). Although the evaluation of efficacy of this medication has not occurred as yet because this was a trial, and there was not a comprehensive pain assessment and evaluation as a baseline. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.