MAXIMUS Federal Services

Case Number:	CM15-0124483		
Date Assigned:	07/09/2015	Date of Injury:	12/21/2012
Decision Date:	09/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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 40 year old male, who sustained an industrial injury on 12/21/2012. He has reported subsequent back and lower extremity pain/weakness and was diagnosed with lumbar disc herniation, backache and lumbar radiculopathy. MRI of the lumbar spine dated 10/31/2014 revealed lumbar disc herniation/extrusion at L4-L5 with left L4 impingement. Treatment to date has included medication, lumbar epidural steroid injection, trigger point injection and surgery. The injured worker was noted to have been prescribed Norco since at least 12/19/2014. In a progress note dated 06/12/2015, the injured worker complained of 4.5/10 pain with medications and 7/10 pain without medications. Objective findings were notable for loss of normal lordosis with straightening of the lumbar spine, decreased and painful range of motion, positive lumbar facet loading bilaterally, positive straight leg raise on the right side sitting at 65 degrees and in supine position and decreased sensation to light touch over the lateral foot, medial foot and anterior thigh on the left side. Work status was documented as temporarily totally disabled. A request for authorization of Norco 10/325 mg #90 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS, Norco (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. A good response to treatment may be indicated by decreased pain, increased function or improved quality of life. The documentation shows that this medication had been prescribed to the injured worker since at least 12/19/2014 and there was no documentation of any significant functional improvement with the use of opioid medication. Although the injured worker's pain was noted to decrease with the use of pain medication from 6-9/10 to 4-6/10, there was no indication as to the effectiveness of Norco specifically and the duration of pain relief was not documented. The most recent physician progress note indicated that the injured worker had stopped taking a similar opioid medication (Vicodin) due to limited efficacy. There was also no change in work status and activity levels were noted to have either remained the same or decreased in the most recent progress notes. In addition, there was no documentation of an attempt to wean the injured worker's dosage of Norco at any point. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Norco is not medically necessary.