

Case Number:	CM15-0126904		
Date Assigned:	07/29/2015	Date of Injury:	09/17/2013
Decision Date:	08/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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:

This is a 38 year old female with a September 17, 2013 date of injury. Current diagnoses included lower back pain, lumbosacral spondylosis without myelopathy and right carpal tunnel syndrome. Treatments to date have included physical therapy, home exercise program, chiropractic therapy, radiofrequency ablation (RFA) procedure, medications, imaging studies, and left carpal tunnel release surgery. She currently takes Norco and Butrans patch for pain control. A progress note dated June 18, 2015 documented subjective complaints of worsening 7-10/10 lower back pain which worsens with activity and improves with medication. It radiates into bilateral hips. Objective findings at that visit included tenderness over lower lumbar spine, decreased range of motion, positive Kemp's test bilaterally and negative FABER and straight leg raise. Motor, sensory and relex exams of the lower extremities were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, one 3 times a day as needed for 4 months, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Short-acting opioids; Opioids, criteria for use - On-Going Management; Opioid hyperalgesia Page(s): 95.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. At this point in the care of this patient the safe use of chronic opioid therapy is at question. There is no documentation of a patient opioid use contract, comments on side effects from opioid therapies or screening for addiction or aberrant behaviors/medication misuse. The safe use of chronic opioid therapy should have this documentation. Medical necessity for the continued safe use of this medication has not been established.