

Case Number:	CM15-0128006		
Date Assigned:	07/14/2015	Date of Injury:	05/02/2011
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 46-year-old male patient who sustained an industrial injury on May 2, 2011 resulting in lower back and right elbow pain. He was diagnosed with lumbosacral sprain and strain, with bilateral lower extremity radiculitis; multilevel displacement; stenosis; and, right elbow lateral epicondyle with thickening of the external tendons. Per the doctor's note dated 4/22/2015, he had flare up of low back and bilateral elbow pain. Per the doctor's note dated 3/17/2015, he had complaints of bilateral elbow pain and low back pain. The physical examination revealed decreased range of motion of the lumbar spine and positive straight leg raising test, tenderness over the bilateral lateral epicondyle regions and positive Tinel's at bilateral elbow. The treating physician's plan of care includes Norco 5-325 mg. Patient has tried naproxen, cyclobenzaprine and tramadol. He has had lumbar spine MRI on 5/21/2015 which revealed foraminal stenosis and lateral recess stenosis at left L2-3 and right L3-4 and foraminal stenosis at left L5-S1; EMG/NCS lower extremities dated 5/19/2015 with normal findings; ultrasound of the bilateral elbow on 3/18/2015. Treatment has included stabilization, acupuncture, medication, and home exercise. Response to treatments is not available in the presented documentation. Current work status is not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page 75-80.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Duration of use of norco is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant or anticonvulsant for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325 mg quantity 60 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.