

Case Number:	CM15-0128185		
Date Assigned:	07/15/2015	Date of Injury:	02/24/1997
Decision Date:	09/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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 58 year old male, who sustained an industrial injury on 2/24/97. The mechanism of injury was not documented. The injured worker was diagnosed as having bilateral sacroiliac joint pain and lumbar degenerative disc disease with neural foraminal stenosis at L4-5 and L5-S1. Treatment to date has included oral medications including Norco 10/325mg, lumbar brace and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 1/28/15 revealed some worsening foraminal stenosis at L4-5 and L5-S1. Currently on 5/7/15, the injured worker complains of back pain with radiation to left greater than right leg. He is utilizing Norco 10/325mg about 4 times a day and he states it helps him function, do household work and yard work with less pain. Physical exam performed on 5/7/15 revealed continued bilateral paraspinal tenderness to palpation with restricted range of motion. A request for authorization was submitted for Norco 10/325mg #120 and Tizanidine 4mg #60 on 1/21/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (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. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.