

Case Number:	CM15-0148122		
Date Assigned:	08/11/2015	Date of Injury:	07/19/2009
Decision Date:	11/16/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 46-year-old male with a date of injury on 07-19-2009. The injured worker is undergoing treatment for chronic pain syndrome, myalgia, and dysthymic disorder; lower leg joint pain, degeneration of lumbar or lumbosacral intervertebral disc, low back pain, cervical degenerative disc disease, cervicalgia, lumbar radiculitis-bilateral L5-S1 and chondromalacia of the left patella per Magnetic Resonance Imaging on 09-22-2009. A physician progress note dated 07-09-2015 documents the injured worker has complaints of mid and low back pain. He has pain in his mid and low back, buttock, and legs. He gets numbness in his anterior thighs and a stabbing pain in his left hip and left knee. He has had lumbar epidural steroid injections in the past, which have provided over 50% pain relief for over 6 months. He feels his radicular pain in his lower extremities is getting worse and is limiting more activities. His medications help to decreased his pain and increase his function. His medications are well tolerated. He is able to complete his ADLs and they improve his quality of life. He can exercise, do yoga and spend more time outdoors with friends and family. He also takes Sertraline for depression due to chronic pain, which has helped a lot. There is no evidence of over sedation or overmedication. Treatment to date has included diagnostic studies, medications, and epidural injections. An unofficial Electromyography and Nerve Conduction Velocity study of the lower extremities revealed bilateral chronic L5-S1 radiculitis. A urine drug screen was done on 08-17-2015. Current medications include Norco, Naproxen, and Tizanidine, Butrans patch, Lidoderm patch and Gabapentin. The Request for Authorization includes a transforaminal bilateral S1 epidural steroid injection with conscious sedation and fluoroscopic guidance was approved on

08-13-2015. On 07-29-2015, Utilization Review modified the request for Norco 10/325mg X120 to Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg X120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.