

Case Number:	CM15-0173689		
Date Assigned:	09/15/2015	Date of Injury:	11/20/2012
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/03/2015

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: California

Certification(s)/Specialty: Emergency 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 67 year old male sustained an industrial injury on 11-2012. Documentation indicated that the injured worker was receiving treatment for lumbago and lumbar spondylosis. Previous treatment included chiropractic therapy, water therapy, epidural steroid injections, lumbar brace and medications. In a PR-2 dated 4-7-15, the injured worker reported that he had been exercising regularly for the last three weeks. The injured worker stated that Flexeril provided reduced pain and improved mobility. The injured worker reported taking Flexeril and Norco as needed once or twice per week. Physical exam was remarkable for tenderness to palpation at bilateral lumbosacral junctions with "limited flexion, extension and lateral bend", spasm and guarding with terminal range of motion, negative straight leg raise, 5 out of 5 lower extremity strength and 2 out of 4 patella and Achilles reflexes. The treatment plan included weaning Cymbalta and continuing medications (Voltaren, Norco and Flexeril). In a PR-2 dated 8-4-15, the injured worker complained of back pain rated 5 to 8 out of 10 on the visual analog scale. The injured worker stated that medications resulted in 30-50% relief of pain. The injured worker stated that he use medications to treat flare ups. The injured worker was down to using one Cymbalta tab per week. Physical exam was unchanged. The physician stated that the injured worker was stable on his current pain management regimen with improved pain and functional capacity. The treatment plan included discontinuing Cymbalta and continuing Flexeril, Norco and Voltaren. On 8-14-15, Utilization Review non-certified a request for Norco 5-325mg #60, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. While patient has noted improvement in pain and function with intermittent use of Norco, guidelines strongly recommend against chronic use of opioids in non-malignant pain. Provider has failed to document plan concerning opioid use on this patient. UR noted conversation with provider who stated that patient only uses 60 tabs every 4 months with intermittent use. Such minimal use of Norco does not support this prescription. Patient should be transitioned to non-opioid options with such minimal use of Norco. Norco is not medically necessary.