

Case Number:	CM15-0179203		
Date Assigned:	09/21/2015	Date of Injury:	03/12/1990
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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 58 year old male, who sustained an industrial injury on March 12, 1990 and reported pain in his tailbone. The injured worker is diagnosed as having lumbosacral spondylosis without myelopathy and lumbar degenerative disc disease. His work status is permanent and stationary. Currently, the injured worker complains of constant low back pain that is rated at 8 on 10 and described as aching, sharp and throbbing. The pain is aggravated by twisting, turning, bending, increased activity and cold weather. His pain is relieved by medication. He reports Norco allows him to engage in activities of daily living and work part time, per note dated August 28, 2015. The note also states he is able to cook, clean, wash dishes, grocery shop for up to 30 minutes at a time with medication and without medication can only tolerate the above referenced activities for 5-10 minutes at a time with frequent rest periods. The note further states that without his pain medications he is resting 70%-80% of the day and engaging only minimally in activities, but with medications he will rest 3-4 times a day for 30-45 minutes at a time after performing his daily activities. His pain score is reduced by approximately 50%-60% with medications and prior attempts at weaning his medication has resulted in significant reduction in activity, per the same note. Physical examinations dated May 8, 2015- August 28, 2015 revealed lumbar spine tenderness in the bilateral lumbar paravertebral regions at the L4-L5 and L5-S1 levels. Extension, right and left lateral rotation of the lumbar spine is positive for back pain. Range of motion of the lumbar spine is restricted. Bilateral straight leg raise, Wadell's sign, Faber test and Fadir test are negative. Sensations are equal, motor strength is 5 on 5 and reflexes are 2+ and equal in both lower extremities. Treatment to

date has included x-rays, medications; Lorazepam, Baclofen 20 mg one tablet once a day as needed, Norco 10-325 mg one tablet four times a day, Ambien 10 mg one tablet at bedtime, Cyclobenzaprine 10 mg one tablet twice a day and Morphine (discontinued due to side effects). His urine drug screens and CURES are consistent per note dated August 28, 2015. Provided documentation reveals the injured worker has been taking Norco for at least twelve months. A request for Norco 10-325 mg #112 (two prescriptions) is denied due to long term use and lack of documented improvement in pain and function from baseline testing, per Utilization Review letter dated September 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Norco 10/325mg quantity 112: Overturned

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 indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), documentation regarding side effects, and discussion regarding aberrant use. As such, there is clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.