

Case Number:	CM15-0026401		
Date Assigned:	02/18/2015	Date of Injury:	01/31/2001
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial injury on 01/31/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include chronic pain syndrome, sacroiliitis not elsewhere classified, post laminectomy syndrome to the lumbar region, degeneration of the lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, spasm of muscle, cervical spondylosis without myelopathy, and pain in joint to the pelvic and thigh region. Treatment to date has included multiple back surgeries with fusion instrumentation hardware explantation with fusion from lumbar three to sacral one and lumbar one to lumbar two, physical therapy, left-sided sacroiliac joint injections, medication regimen, massage therapy, acupuncture, cervical spine x-ray, and lumbar spine x-rays. In a progress note dated 01/23/2015 the treating provider reports bilateral lower back pain and neck pain with stiffness to the lower back with a pain rating of five on the scale of zero to ten. The treating physician requested the medication of Norco noting prior and current use of this medication for pain. On 02/03/2015 Utilization Review modified the requested treatment of 120 tablets of Norco 10/325mg to be filled on 02/22/2015 between 01/29/2015 and 03/15/2015 to 60 tablets of Norco 10/325mg between 01/29/2015 and 03/15/2015 and non-certified the requested treatment of 120 tablets of Norco 10/325mg to be filled on 01/23/2015 between 01/23/2015 and 03/15/2015, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain, On-going Management, page 78.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets Norco 10mg/325mg filled on 2/22/15 between 1/29/15 and 3/15/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it 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 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 is not medically necessary.

120 Tablets Norco 10mg/325mg to be filled on 1/23/15 between 1/23/15 and 3/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, on-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it 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 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 is not medically necessary.