

Case Number:	CM15-0064000		
Date Assigned:	04/10/2015	Date of Injury:	07/06/2004
Decision Date:	05/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation

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 42 year old man sustained an industrial injury on 7/6/2004. The mechanism of injury is not detailed. Diagnoses include lumbar discopathy with disc displacement, lumbar radiculopathy and sacroiliac arthropathy. Treatment has included oral and topical medications. Physician notes dated 12/29/2014 show complaints of low back pain that radiates down the right leg with numbness and tingling. Recommendations include continuing the current medication regimen, additional medications include Cyclobenzaprine, Fenopren, Prilosec, Ultram ER, two topical medications, urine drug screening, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone Bitartrate Acetaminophen) 10/325 tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation ACOEM Second Edition Chapter 6 Pain, Suffering, and the Restoration of Function- Preventing and Managing Chronic Pain, Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain (Chronic) Online Version (updated 10/30/14) Opioids, Hydrocodone/Acetaminophen (e.g., Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The most recent report provided is dated 12/25/14 and states that the patient presents with lower back pain radiating to the right leg with pain over the sacroiliac joint. The current request is for Norco. "Hydrocodone Bitartrate Acetaminophen" 10/325 TAB an opioid. The RFA is not included; however, the 03/13/15 utilization review references an RFA dated 02/21/14 and multiple RFA's dated 09/26/14 to 11/29/14. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 01/20/14. The 12/25/14 report makes the general statement that the patient's medications including Norco, Ultram ER/Tramadol, Nalfon, Gabapentin and topical medications are somewhat helpful for the patient's pain. Pain scales are not routinely used to assess pain in the reports provided for review. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. Furthermore, no specific ADLs are mentioned to show a significant change with use of Norco. Side effects are not discussed; however, there is no evidence of adverse behavior. UDSs are provided for review and discussed that show medication use is consistent with prescribed Tramadol and Hydrocodone. In this case, Analgesia, ADLs and adverse side effects have not been documented as required by the MTUS guidelines. The request IS NOT medically necessary.