

Case Number:	CM15-0066699		
Date Assigned:	04/14/2015	Date of Injury:	03/02/2001
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/07/2015

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: Internal 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 49 year old male, who sustained an industrial injury on March 2, 2001. He has reported lower back pain. Diagnoses have included lumbago, lumbosacral spondylosis, lumbar/lumbosacral degenerative disc disease, thoracic/lumbosacral neuritis/radiculitis, and lumbar postlaminectomy syndrome. Treatment to date has included medications, physical therapy, lumbar spine fusion, and imaging studies. A progress note dated February 25, 2015 indicates a chief complaint of chronic lower back pain radiating to the bilateral thighs. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document that the patient had lumbar spine fusion surgery in 2002. CT of the lumbar spine dated 03/22/11 reveals facet hypertrophy at L2-3 and L3-4 as well as bilateral facet degeneration at L4-5. X-ray of the lumbar spine dated 03/22/11 reveals a very stable anterolisthesis of L5 on S1. There are noted surgical changes following the L5-S1 fusion with multilevel lumbar spondylosis. Progress note dated 02/25/15 indicates that the patient complains of back pain that radiates to the bilateral thighs. The pain is worse with standing and prolonged positioning. The pain limits the mobility and ability to perform activities of daily living. Examination of the lumbar spine reveals pain on the L3-S1 region. Range of motion flexion is 90 degrees, extension is 30 degrees with pain, and bilateral lateral flexion is 25 degrees with pain. The gait appears to be asymmetric and abnormal. There is decreased sensation noted in the bilateral thighs. Progress note dated 03/17/15 indicates that the patient has been approved for a one-time bilateral medial branch block at L2-L4. The patient has a history and existing arthritis, lumbago, lumbosacral spondylosis, degenerative lumbar intervertebral disc, and lumbosacral neuritis. Current medications include Hydrocodone/APAP 10/325mg twice a day. The patient is allergic to aspirin and sulfa. A bilateral L2-L4 diagnostic medial branch block was performed. Analgesia was documented. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.