

Case Number:	CM15-0068290		
Date Assigned:	04/15/2015	Date of Injury:	05/12/2008
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/10/2015

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 56 year old female injured worker suffered an industrial injury on 05/12/2008. The diagnoses included post lumbar laminectomy syndrome and lumbar fusion. The diagnostics included electromyographic studies, lumbar myelogram, lumbar computerized tomography and magnetic resonance imaging. The injured worker had been treated with medications and spinal cord stimulator. On 3/5/2015 the treating provider reported continued lower back pain radiating to the bilateral lower extremities rated at a high of 8/10 without medications and 6/10 with medications. The spinal cord stimulator provided 50% relief of pain to the back and legs. On exam the injured worker had impaired gait, tenderness to the lumbar spine, numerous trigger points and decreased range of motion with positive straight leg raise. The treatment plan included Norco. A urine drug screen performed on July 31, 2013 was negative for hydrocodone. A urine drug screen performed on March 2, 2011 was negative for hydrocodone. The progress report dated January 6, 2015 indicates that the current analgesic medication allows the patient to be "as functional as possible." The note indicates that the patient has reduced her dose of Norco to 4-6 tablets per day. The note indicates that the patient routinely is monitored for at risk behavior with random drug screens, CURES reports, and a signed opiate agreement every 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

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 indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. It is acknowledged, that there have been too inconsistent urine drug screens in the remote past. However, the currently requested one month supply of Norco should allow the requesting physician adequate time to perform a repeat urine drug screen to identify consistent medication taking behavior. In light of the above, the currently requested Norco is medically necessary.