

Case Number:	CM15-0068845		
Date Assigned:	04/16/2015	Date of Injury:	08/03/2007
Decision Date:	05/21/2015	UR Denial Date:	03/13/2015
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: 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:

This is a 46 year old male with an industrial injury dated 08/03/2007. His diagnosis includes chronic intractable lower back pain with bilateral lumbar 5 radiculitis secondary to lumbar 5-sacral 1 degenerative spondylosis with foraminal stenosis, chronic bilateral lower extremity radicular symptoms and ventral abdominal hernia. Prior treatment includes physical therapy, epidural steroids and home exercise program. He presents on 01/20/2015 with complaints of abdominal hernia, lower back pain and anemia. Physical exam revealed some ventral abdominal tenderness. There was paralumbar tenderness and slight spasm from lumbar 2 to lumbar 5. The provider documents the injured worker obtains pain relief and improved function from the Norco taken for pain. The injured worker was not having significant side effects. He was having increased physical and psychosocial functioning. The provider documents there was no evidence of any abnormal behavior and no aberrant drug taking behavior noted. The injured worker had a signed pain management agreement. Plan of care included medications for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The neurosurgical spine consultation report dated February 3, 2015 documented the recommendation for L5-S1 global arthrodesis surgery. The patient expressed the wish to proceed with spine surgery. Date of injury was August 3, 2007. MRI magnetic resonance imaging of the lumbar spine performed on August 23, 2013 demonstrated L5-S1 disc abnormalities. The primary treating physician's progress report dated February 17, 2015 documented a prescription for Norco 5/325 mg #120 with no refills. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. 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 5/325 mg is medically necessary.