

Case Number:	CM15-0072181		
Date Assigned:	04/22/2015	Date of Injury:	05/15/2010
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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 63 year old female, who sustained an industrial injury on 5/15/10. She reported initial complaints of cumulative type trauma to cervical and lumbar spine. The injured worker was diagnosed as having lumbar discopathy; lumbar spine sprain/strain; lumbar spine muscle spasm; lumbar spine radiculopathy. Treatment to date has included physical therapy; status post cervical fusion (no date); status post L4-S1 decompression, instrumentation fusion (2012); bilateral L4-L5 and S1 hardware block (8/25/14); Toradol injection (10/9/14); urine drug screening; medications. Diagnostics studies include CT scan cervical spine with contrast (9/16/14); EMG/NCV lower extremities (4/9/15). Currently, PR-2 notes dated 11/13/14 indicated the injured worker complains of cervical spine pain which she rates at 6/10. She describes the pain as constant, sharp and throbbing radiating into the bilateral shoulders down into the hands associated with numbness and tingling sensation. She also has lumbar pain which she describes as constant and sharp radiating into the bilateral legs down into the feet with associated numbness. She notes the pain has not changed since the last visit 10/9/14 and she is taking the medications regularly and are helping (Norco 10/325mg three per day, Xanax 1mg one twice a day and Protonix). The physical examination notes tenderness, spasm and guarding noted over the supraspinatus area of the cervical spine. There is an increase of pain with all cervical spine motions. There is moderate facet tenderness to palpation at L5-S1 in the lumbar region with exquisite tenderness to palpation over the pedicle screws status post L4-S1 decompression, instrumentation fusion (2012). The provider has requested Hydrocodone Acetaminophen (Norco) 10/325mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen (Norco) 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for Chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this 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 (hydrocodone/acetaminophen) is not medically necessary.