

Case Number:	CM15-0075509		
Date Assigned:	04/27/2015	Date of Injury:	02/01/2010
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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:

The injured worker is a 69 year old male, who sustained an industrial injury on 2/1/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral lumbar radiculopathy, lumbar degenerative facet disease, lumbar degenerative disc disease, lumbar disc displacement, lumbar muscle spasm and lumbar spinal stenosis and status post bilateral lumbosacral facet radiofrequency ablation. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 3/18/2015, the injured worker complains of low back pain. The treating physician is requesting Hydrocodone/Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen (Norco tablets) 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90, 76-78.

Decision rationale: The 69 year old patient presents with low back pain. The request is for HYDROCODONE/ACETAMINOPHEN (NORCO TABLETS) 10/325, 120 COUNT. There is no RFA provided and the patient's date of injury is 02/01/10. The diagnoses include bilateral lumbar radiculopathy, lumbar degenerative facet disease, lumbar degenerative disc disease, lumbar disc displacement, lumbar muscle spasm and lumbar spinal stenosis and status post bilateral lumbosacral facet radiofrequency ablation. Treatment to date has included physical therapy and medication management. Current medications include Norco, Alprazolam, Tramadol, Ibuprofen, Senokot, Docusate and Lipitor. The patient's work status is unavailable. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco was prescribed to the patient at least since 10/16/14, per provided medical reports. Per 03/11/15 report, treater states, "Norco treats severe pain. Without his medication, patient is bedridden and non-functional. With medications, the patient is able to get up out of bed daily, get dressed and out of the house. Staying rested or reclined 25-50% of the waking day, no evidence of over medication, sedation or withdrawal symptoms." The patient's pain is reported to be 3/10 with medications and 8-10/10 without medication. The use of opiates require detailed documentation regarding pain and function as required by MTUS. While treater has discussed analgesia, ADL's, and aberrant behavior, there is no discussion of adverse effects and there is no urine drugs screen, CURES or opioid pain agreement either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.