

Case Number:	CM15-0079278		
Date Assigned:	04/30/2015	Date of Injury:	03/07/2002
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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 69 year old male, who sustained an industrial injury on 3/7/02. The injured worker had complaints of back pain. The injured worker was diagnosed as having lumbar disc degeneration, lumbago, and lumbar facet syndrome. Treatment to date has included radiofrequency facet injections. The facet injections were noted to have provided long term pain reduction. A physician's report dated 3/3/15 noted the injured worker was taking Norco 10/325. Pain was noted with extension and rotation of the lumbar spine. Gait was antalgic and a straight leg raise test was negative. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for Norco 10/325mg #90. A progress report dated April 7, 2015 states that passed notes have identified "improvement in function no apparent drug behavior with medication." The note also indicates that a narcotic agreement is signed and the periodic drug testing has been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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, the requesting physician has identified that in "previous notes" there is documentation of analgesic efficacy and objective functional improvement from Norco. Unfortunately, I was unable to identify previous notes showing analgesic efficacy (in terms of reduced NRS or percent reduction in pain) or specific examples of objective functional improvement. 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.