

Case Number:	CM15-0091144		
Date Assigned:	05/15/2015	Date of Injury:	02/01/2007
Decision Date:	06/18/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 51 year old male patient, who sustained an industrial injury on 2/01/2007. The mechanism of injury was not noted. The diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, erectile dysfunction, and urinary incontinence. Per the most recent progress report dated 4/08/2015, he had complains of low back pain and right leg pain. Medications were documented as Percocet, Soma, and Lyrica. Physical exam revealed well-appearing, smiling, and talkative; reflexes normal bilaterally, normal gait, and 5/5 strength in both lower extremities. The progress report, dated 2/11/2015, noted problematic but stable pain, noting the use of Lyrica, Percocet, and Soma. The progress report, dated 10/22/2014, noted complaints of back pain and right leg pain. The only thing that helped was Lyrica, Norco, and Soma. The pain going down his right leg was intolerable. It was documented that he was having a hard time getting medications approved and was given a prescription for both Norco and Percocet, to see which is cheaper if he paid cash. He has had Magnetic resonance imaging of the lumbar spine dated 12/09/2014, which revealed no significant change from the prior study dated 12/18/2013; Computerized tomography of the lumbar spine dated 1/12/2015 which was limited at L3 through S1, due to severe beam hardening artifact from metallic disc prosthesis and metallic screws and rods. He has undergone lumbar surgery x 3. He has had physical therapy for this injury. Pain was not rated and urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Request: Norco 10/325 MG #80. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg, #80 is not established for this patient. The request is not medically necessary.