

Case Number:	CM15-0091827		
Date Assigned:	05/18/2015	Date of Injury:	12/19/2001
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
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: 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 male, who sustained an industrial injury on 12/19/2001. He reported injury of his bilateral heels, and low back from a fall. The injured worker was diagnosed as having low back pain, lumbago, and foot/leg/arm/hand pain. Treatment to date has included medications, surgery, orthotics, CT scan, x-rays, and work restrictions. The request is for Norco. The records indicate he has utilized Norco since at least October 2014. On 2/20/2015, he reported his pain as 1/10. He indicated he is able to work full time on his feet most of the day. The record indicated Norco allows him to accomplish his activities of daily living. On 3/23/2015, he reported he was having no pain and the provider noted he was stable on medications. No side effects were noted. The provider noted that medications have improved his quality of life and performance of activities of daily living. Examination noted swelling of the left foot and ankle, and tenderness in the right ankle, and low back. The treatment plan included continuation of current treatment which included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

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 a generic mention of pain relief and functional improvement, but no specific examples of functional improvement and percent reduction in pain or reduced NRS are identified, nor is there discussion regarding aberrant use. 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.