

Case Number:	CM15-0092698		
Date Assigned:	05/19/2015	Date of Injury:	01/02/2014
Decision Date:	07/29/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/13/2015

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 35 year old male, who sustained an industrial injury on January 2, 2014. Treatment to date has included modified work duty, durable medical equipment and medications. Currently, the injured worker complains of continued pain in the low back. He rates his pain an 8-9 on a 10-point scale and reported that he recently noticed radiation of pain into the bilateral buttocks and the bilateral lower extremities. He describes a pulsing sensation into the buttocks accompanied with pain into the bilateral lower extremities. He reports that he is not getting relief from using Tramadol. He reported that he increased his dose of Tramadol and felt sick. On physical examination the injured worker exhibited a slightly antalgic gait and heel/toe ambulation was painful. His has limited range of motion of the lumbar spine and a straight leg raise test was positive on the right. He had decreased sensation on the right below the level of the knee and had right side weakness of the quads, hamstring, hip flexors and extensors. The diagnoses associated with the request include lumbar strain, lumbar radiculitis and lumbar disc protrusion. The treatment plan includes discontinuation of Tramadol due to allergic reaction and initiation of Norco for severe pain. He was prescribed tizanidine for muscle relaxation and Terocin for local application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 12.

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, it appears the patient has moderate to severe pain which impacts his function. Additionally, the patient has failed treatment with tramadol. Therefore, a one month trial of Norco seems reasonable. Of course, ongoing use would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.