

Case Number:	CM15-0093240		
Date Assigned:	05/19/2015	Date of Injury:	01/14/2011
Decision Date:	06/26/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female with a January 14, 2011 date of injury. A progress note dated March 27, 2015 documents subjective findings (back pain that is worsening; pain of the arms, legs, neck and thighs; pain radiating to the left ankle, left calf, left foot, left thigh, and right thigh; associated with numbness; pain rated at a level of 10/10 without medications and 7/10 with medications; average pain over the past month rated at a level of 9/10). Only a partial report was supplied for this date. A progress note dated September 14, 2014 documents objective findings (normal gait; normal lower extremity muscle tone; moderate spasm of the lumbar spine; tenderness of the paraspinal facet, spinous, lumbar, gluteals, and sciatic notch; painful motion of the bilateral buttocks; decreased range of motion of the lumbar spine), and current diagnoses (posttraumatic headache; chronic pain due to injury; degeneration of the lumbosacral intervertebral disc; lumbar post laminectomy syndrome; lower back pain; neck pain; lumbosacral neuritis; sciatica). Treatments to date have included physical therapy (relieves symptoms), medications, magnetic resonance imaging of the lumbar spine (January 27, 2012; showed disc herniations, mild narrowing of the central canal and foramina, and generalized facet arthropathy), electromyogram (showed left moderate to severe median neuropathy), and facet joint injections (only temporary relief). The treating physician documented a plan of care that included Hydrocodone/Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10/325 mg Qty 45 tables, 15 day short fill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 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 Norco 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 indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), documentation regarding side effects, and discussion regarding aberrant use. As such, there is clear indication for ongoing use of the medication. The last reviewer denied the request because of a lack of documented current drug screen results. However the physician did order a urine drug screen in January, a short fill 15 day prescription should be enough time to allow for the results of the drug screen to be mentioned in the next office visit. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.