MAXIMUS Federal Services

Case Number:	CM15-0099188		
Date Assigned:	06/01/2015	Date of Injury:	06/12/2012
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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 24-year-old female who reported an industrial injury on 6/12/2012. Her diagnoses, and/or impressions, are noted to include: lumbosacral disc protrusion with radiculopathy and back pain. No current imaging studies are noted. Her treatments have included medication management; and permanent work restrictions. The progress notes of 4/28/2015 reported persistent radiating back pain toward her left lower extremity, aggravated by activities; and increasing low back discomfort with increasing paresthesias affecting the left leg. The objective findings were noted to include lumbosacral para-spinal tenderness; decreased range-of-motion; decreased sensation in the left calf; positive left straight leg raise with radiating pain into the buttock and posterior left thigh and calf; and positive right straight leg raise which increased pain. The physician's requests for treatments were noted to include the continuation of Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page 44, 47, 75-79, 120 of 127. 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 no 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), no documentation regarding side effects, and no 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.