

Case Number:	CM14-0201250		
Date Assigned:	12/11/2014	Date of Injury:	04/22/2008
Decision Date:	12/21/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 injured worker is a 28 (versus 34) year old male who reported an industrial injury on 4-22-2008. His diagnoses, and or impressions, were noted to include: lumbar disc herniation with leg pain; chronic, intractable lumbar back pain, status-post lumbosacral fusion surgery with discectomy and graft (4-16-10); chronic neuropathic pain in the lower back; bilateral lower extremity radicular symptoms - improved post-surgery but with recurrence; chronic insomnia secondary to pain; depression; and constipation from opioid medications, improved with Colace. No imaging studies were noted. His treatments were noted to include: an agreed panel qualified medical-psychological re-evaluation on 12-6-2013; pain management consultation; medication management with toxicology studies; and modified work duties. The progress notes of 9-15-2014 reported: lower back and bilateral leg pain; denial of a functional restoration program; and that he continued to work part-time. The objective findings were noted to include: ante-flexion of the trunk on the pelvis which allowed for 45 degrees of flexion, 5 degrees of extension, 10 degrees of left rotation and 20 degrees of right rotation; tenderness and spasm to the lower thoracic and lumbar spine; and right sacroiliac tenderness. The physician's requests for treatment was noted to include Norco 10-325 mg every 6 hours. The patient sustained the injury due to slip and fall incident. The patient has had MRI of the lumbar spine on 7/5/13 that revealed post surgical changes, foraminal narrowing, The medication list include Norco, Cymbalta, Colace, Atarax, Baclofen. A recent urine drug screen report was not specified in the records provided. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "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 patient has set goals regarding the use of opioid analgesic. A 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 the overall situation with regard to non-opioid 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." A recent detailed clinical evaluation note of the treating physician was not specified in the records provided. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS 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. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 mg is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.