

Case Number:	CM14-0156665		
Date Assigned:	09/26/2014	Date of Injury:	01/13/2007
Decision Date:	11/06/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of January 13, 2007. A utilization review determination dated August 30, 2014 recommends non-certification of Norco. A progress report dated June 19, 2014 identifies subjective complaints indicating that the patient has pain in the low back radiating into both buttocks and lower extremities. The patient has a better mood and increased energy since decreasing his prescribed Opana ER and discontinuing the medical THC. The patient's current medications include Ativan, Norco, Soma, Opana ER, Adderall, Prozac, and Seroquel. Objective examination findings reveal restricted range of motion in all directions of the lumbar spine, reduced strength in the left lower extremity, and normal sensation. Diagnoses include lumbar radiculopathy, lumbar herniated nucleus pulposus, lumbar degenerative disc disease, lumbar facet joint arthropathy, lumbar sprain/strain, and lower extremity weakness and pain. The treatment plan recommends continuing soma, Opana ER, and hydrocodone. The note goes on to state that hydrocodone and Opana improve the patient's pain by 80% with 80% improvement in activities of daily living such as self-care and addressing. The note states that he is up to date on his pain contract and his previous urine drug screens have been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg tab 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the requesting physician has indicated that the Norco improves the patient's pain and function, causes no side effects, and that there has been no aberrant use. Additionally, urine drug screens have been consistent and an opiate agreement is in place. It is acknowledged, that there is a lack of clarity regarding the pain relief and functional improvement related to the Norco, as opposed to the Opana. The note indicates that the combination provides 80% improvement, but does not specify how much each individual medication helps. A one-month prescription of medication should give the requesting physician time to clarify that issue. As such, the currently requested Hydrocodone/Acetaminophen #120 is medically necessary.