

Case Number:	CM14-0187488		
Date Assigned:	11/14/2014	Date of Injury:	01/09/1998
Decision Date:	11/30/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/07/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female with a date of industrial injury 1-9-1998. The medical records indicated the injured worker (IW) was treated for lumbago; cervical and lumbar degenerative disc disease; cervical and lumbar facet arthropathy; and reflexive sympathetic dystrophy of the upper limb. In the progress notes (9-11-14, 10-10-14, 10-20-14), the IW reported her pain level was 8 out of 10, but stated it was normally 4 out of 10. Medications were Cymbalta, Xanax, Norco (since at least 7-2014), Dilaudid, Soma, Flexeril and Fentanyl patches. She controlled her pain with use of her spinal cord stimulator and medications, which provided functionality for camping, kayaking, fishing, bike riding, aqua therapy and yoga. She denied side effects from medications. A urine drug screen dated 1-26-14 was documented as "appropriate", but the report was not available for review. On examination (10-10-14 notes), she had decreased ranges of motion in the neck and low back due to pain. Sensory deficits were noted in the bilateral C6 through T1 dermatomes and the bilateral L5-S1 dermatomes. Treatments included Morphine sulfate ER (failed), Oxycontin (failed), Percocet (failed) and spinal cord stimulator (very helpful). A Request for Authorization dated 10-13-14 was received for Hydrocodone-acetaminophen (Norco) 10-325mg #120 with no refills. The Utilization Review on 10-21-14 non-certified the request for Hydrocodone-acetaminophen (Norco) 10-325mg #120 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen (Norco) 10-325 MG Qty 120 30 Day Supply with No Refills:
Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents with neck and low back pain. The request is for Hydrocodone/Acetaminophen (Norco) 10-325MG QTY 120 30 day supply with no refills. Examination to the lumbar spine on 10/10/14 revealed a decrease in range of motion secondary to pain. Sensory deficit was noted in bilateral L5-S1 dermatomes. Per 09/11/14 progress report, patient's diagnosis includes lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, cervical facet arthropathy, lumbar facet arthropathy, and RSD upper limb. Patient's medications, per 05/20/14 progress report include Flexeril, Cymbalta, Carisoprodol, Lunesta, Xanax, Flector Patch, Dilaudid, Norco, and Duragesic Patch. Patient's work status was not specified. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. Review of the medical records provided indicate that the patient has been utilizing Norco since at least 05/20/14. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no current UDS test results, no discussions on CURES, and no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.