

Case Number:	CM14-0000849		
Date Assigned:	01/22/2014	Date of Injury:	07/17/2009
Decision Date:	07/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 47-year-old man who sustained a work-related injury on July 17, 2009. He subsequently developed a chronic low back pain and neck pain. The pain was radiating below both and both legs with weakness on the right foot. The patient underwent a lumbar spine surgery on January 4, 2010. However he remained symptomatic. According to the note dated on June 6, 2013, patient was complaining of low back pain radiating to the right leg with numbness and neck stiffness. The patient stated that he has a fracture of the right hip in addition to his low back pain. At the time of consultation, the patient was treated with Dilaudid, Norco and Valium. His physical examination demonstrated lumbar tenderness with reduced range of motion, mild right hip tenderness and mild right knee tenderness. His most recent MRI performance before July 16, 2013 demonstrated L4-L5 grade 1 spondylolisthesis; He was subsequently treated with pain medications including narcotic and antidepressant drugs and several epidural injections. The provider requested authorization to continue Norco 10/325 mg. Norco was prescribed since at least 2009 by multiple physicians without continuous clear monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, 8 TABLETS DAILY WITH 1 REFILL #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." The patient has a history of alcohol abuse and have been using narcotic for several years without consistent urine drug screen. There is no objective documentation of pain severity level and functional improvement to justify continuous use of high narcotic dose in this patient. Previous reviews recommended weaning the patient from Norco because of unjustified use of high dose of Norco that exceeded the max recommended dose. There no clear documentation of the efficacy/safety of previous use of Norco. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325MG, 8 tablets daily with 1 refill #240 are not medically necessary at this time.