MAXIMUS Federal Services

Case Number:	CM14-0118843		
Date Assigned:	08/06/2014	Date of Injury:	01/29/2008
Decision Date:	11/06/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 Management 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:

The injured worker is a 54-year-old male who sustained an injury on 1/29/08. As per 7/1/14 report, he presented with neck, low back, and upper extremity pain. The pain level was 5/10, average pain in the last 30 days was 5/10, and the least amount of pain he experienced was 3/10. No objective findings were documented from this visit. EMG/NCV studies from February 2013 showed persistent bilateral ulnar neuropathies with axonal loss. MRI of the cervical spine showed left paracentral disk herniation at C6-C7, multilevel varying degrees of foraminal stenosis and central stenosis with moderate spinal stenosis at C4-C5, C5-C6. MRI of the lumbar spine showed left lateral protrusion at L2-L3, broad-based disk bulge at L3-L4 and L4-L5, significant left foraminal stenosis at L4-L5, broad-based bulge at L5-S1, multilevel facet changes, and bilateral foraminal stenosis at L5-S1. He previously had cervical fusion at C5-C6 and cervical revision surgery with disk replacement at C5-C6 and C6-C7. He is currently on Norco, Celebrex, Cymbalta, Trazodone and Prilosec. Previous treatments included acupuncture and medications. Norco has been helpful for his pain and has been allowing him to stay functional. He reported that with Norco, pain goes down to a 5/10 which is a significant reduction of pain for him. Norco takes 30 minutes for it to kick in and typically lasts 4 to 5 hours. Diagnoses include CTR; bilateral ulnar nerve releases, status post disk replacement at C5-C6 and C6-C7, chronic low back pain, and left shoulder pain. The request for Norco 10mg (4) per day #240 with Refills for 2 months was modified to allow for 2 months of refills to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg (4) per day #240 with Refills for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 nonadherent) 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)." In this case, there is no documentation of any significant improvement in pain level (i.e.) or function with continuous use to demonstrate the efficacy of this medication. There is no record of a urine drug test to monitor this patient's compliance. Furthermore, long-acting opioids should be considered (instead of large dose of short-acting opioids) when continuous around the clock pain relief is desired. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation. The request is not medically necessary.