

Case Number:	CM14-0138294		
Date Assigned:	09/12/2014	Date of Injury:	07/18/2011
Decision Date:	12/12/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 32-year-old man who sustained a work-related injury on July 18, 2011. Subsequently, he developed chronic low back pain. EMG/NCS performed on August 12, 2014 documented absence of the right peroneal F wave, the rest of the study was normal with no evidence of lumbosacral radiculopathy or peripheral nerve compression. Prior treatments included: epidural steroid injections (the last injection was done beginning of 2014); right sacroiliac injection, which helped by 70-80%; physical therapy; and medications (Prilosec, Naproxen Sodium, Cyclobenzaprine, Norco, Tramadol). According to a progress report dated July 2, 2014, the patient complained of sharp pain in low back midline. Inspect and palpation of the lumbar spine is within normal limits. There was no erythema, swelling, deformity or tenderness. Strength testing of the major muscles innervated by the lumbar spine was graded at 5/5, except right EHL 4-/5, peroneal 4/5, post tib and gastric 4-/5. Sensory testing for pain, light touch, position, and vibration of the upper and lower leg were intact. The patient was diagnosed with thoracic and lumbosacral neuritis, disorders sacrum, acquired spondylolisthesis, pain joint pelvis and thigh, and lumbar intervertebral disc disorder with myelopathy. The provider requested authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180, every 4-8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-79.

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. 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>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no documentation of compliance over the patient with medications. Therefore, the prescription of Norco 10/325 mg, #180 is not medically necessary.