

Case Number:	CM14-0170954		
Date Assigned:	10/23/2014	Date of Injury:	01/26/2007
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 31 year old female who had a work injury dated 1/26/07. The diagnoses include status post lumbar fusion at L4-5, chronic lower back pain, and depression. Under consideration is a request for Norco 10mg/325mg 180-30 days. A 9/26/13 progress report states that the patient did have her epidural on 09/16/2013 with now more than two weeks out. She is here to see if she getting better relief. She was given some Fioricet to help with her headaches and to see if the Fioricet was effective. The patient had the lumbar epidural on 09/16/2013, approximately three weeks out from the injection. The patient complains of no fever or chills. She says it does not help that much. She has been taking Fioricet which does help with her headaches. Her medications include Norco 10/325 mg one q.i.d.; Fioricet With codeine one b.i.d.; Celebrex 200 mg one b.i.d.' Neurontin 600 mg two tablets q.a.m., one tablet q.p.m. and three tablets q.h.s. a total of six tablets which is 3600 mg a day; Zoloft 200 mg one q.am.; Prilosec 20 mg q.a.m. p.r.n.; TENS unit once a day and H-wave. The provider reviewed previous treatments and meds including Tramadol, OxyContin and Lyrica. She prefers not to be on any longer acting pain meds and did not tolerate Lyrica as well. On exam there is a well-healed incision, well-healed marks where she got her epidural at the left L5-S1 levels. There is still tenderness in the lumbar paraspinals L4-L5 and L5-S1 left more than right. She has decreased for pelvic flexion and extension. Her strength reveals dorsiflexion and plantar flexion 5/5 bilaterally. There is decreased sensation in the S 1 dermatome on the left side. The reflexes were deferred. The treatment plan included continue H-wave twice a day.2. Norco tablets q.a.m. one q. noon and two at night; authorization for her labs to look at her LFTs and her liver function test and chem-12 with kidney evaluation; requesting authorization for imaging to look at the lumbar MRI to compare to the 02/04/2013; refill of meds specifically Norco and Prilosec.Per documentation the

patient was seen on a 1/18/14 follow-up. The patient still had occasional shooting pain in the right anterior thigh. An MRI in February 2013 showed a diffuse bulge at L3-4 and postsurgical changes at L4-5. The physician planned to refill the patient's Norco, Neurontin, and Prilosec, noting the patient had emesis occasionally from non-steroidal medications. The physician reported that the Hydrocodone and Percocet allowed the patient to walk 30 feet rather than 10 feet and, , allowed her to be employed part-time. On 8/12/14, she saw her physician for a Upon examination, it was found she had decreased lumbar lordosis and tenderness to the lumbar paraspinals at L4-5 and L5-S 1, but minimal taut bands. She also had slightly decreased range of motion for lumbar flexion and extension. The plan was to refill pain medications including Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg #180-30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-87; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Norco 10mg/325mg #180-30 days is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend an 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. 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 documentation submitted is not clear on the opioid treatment plan including the 4 A's of ongoing monitoring. The documentation submitted does not reveal evidence of a pain contract or urine drug testing. Without clear documentation of the 4 domains of ongoing monitoring the request for Norco 10mg/325mg #180-30 days is not medically necessary.