

Case Number:	CM14-0186012		
Date Assigned:	11/14/2014	Date of Injury:	09/02/2005
Decision Date:	12/31/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/08/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California and Washington. 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 57-year-old male who reported an injury on 09/02/2005. The mechanism of injury was cumulative, spinal stenosis lumbar, and lumbar laminectomy syndrome. His past treatments included physical therapy, medications, home exercise program, work restriction, functional restoration program, TENS unit, epidural steroid injection and bilateral hip replacements. On 10/21/2014, the injured worker had complaints of back pain radiating from the low back down to his left leg, and he indicated that the pain had increased since his last visit, and reporting that he had new pain in both of his heels. His quality of sleep was poor due to the fact that he wakes up during the evening. The patient has indicated that his function and activities of daily living had improved on current doses of medication. Upon physical examination, the range of motion to the lumbar spine was restricted with a flexion of 50 degrees, extension is limited to 10 degrees, right lateral bending limited to 15 degrees, and left bending at 10 degrees. It was indicated his lumbar facet loading was positive to both sides, and straight leg test was positive to both sides in the supine position. On the left paraspinal muscle, there were positive trigger points with radiating pain and twitch response. No side effects were noted with medications. His medications included Norco 10/325 mg 1 tablet 2 to 3 times daily as needed for pain, Zanaflex 2 mg 1 tablet at bedtime, Viagra 50 mg 1 tablet daily as needed, and Lyrica 150 mg 1 capsule 3 times daily. The treatment plan included medication refills. The rationale for the request of Norco 10/325 mg #90 was that the current medication regimen optimized his function and activities of daily living. The Request for Authorization was dated 10/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for Norco 10/325mg #90 tabs is not medically necessary. The California MTUS Guidelines requires continuing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include 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 for documentation of the clinical use of these controlled drugs. The injured worker has been using Norco since at least 2012; with notes stating the patient to have had an increase in pain, continued poor quality of sleep and no change in his activity level with current medication use. Furthermore, documentation regarding adverse side effects and aberrant behavior was not addressed. Additionally, there is no documentation submitted for a urine drug within the last year. Finally, the request as stated does not address the frequency of the medication. As such, the request for Norco 10/325mg #90 tabs is not medically necessary.