

Case Number:	CM14-0049177		
Date Assigned:	06/25/2014	Date of Injury:	06/06/2005
Decision Date:	08/07/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 44-year-old man who sustained a work-related injury on June 6, 2005. Subsequently, he developed low back pain. His treatment has included: physical therapy, aquatherapy, radiofrequency rhizotomy L4-5 and L5-S1 on April 2, 2012, and medication management. A lumbar MRI report dated June 7, 2005 showed disc desiccation at L1-2 with minimal annular bulging and mild annular bulging at L3-4 and L4-5 with no disc protrusions or extrusions and no stenosis. Records show that a UDS (Urine Drug Screens) dated May 3, 2011 was consistent for the Hydrocodone use. UDS on January 5, 2012 was positive for Oxycodone and Marijuana. UDS on June 4, 2012 was positive for Hydromorphone, Morphine, Oxycodone, amitriptyline, Nortriptyline, and THC (Tetrahydrocannabinol). UDS on May 11, 2013 was positive for THC. On September 9, 2013 the patient was complaining of increasing pain in his low back, bilaterally, into the buttock and thighs but no radiation. Pain noted to be at 4/10 at baseline, increased to 6/10 with activity. He felt that the radiofrequency rhizotomy L4-5 and L5-S1 had worn off. He had requested an epidural injection or repeating the radiofrequency the last time he was seen. However, because of this relapse/flare-up, it was recommended that he start Naprosyn 500 mg twice a day with Flexeril 7.5 twice a day. Exam was essentially normal except for positive facet provocative maneuvers bilaterally and localized muscle spasm. 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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Chapter 6 Page(s): 115.

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>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. Therefore, the prescription of Norco 10/325 mg #90 is not medically necessary.