

Case Number:	CM14-0052225		
Date Assigned:	07/07/2014	Date of Injury:	05/03/2008
Decision Date:	08/07/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 42-year-old man who sustained a work-related injury on May 3, 2008. Subsequently, he developed chronic low back pain. According to a note dated on April 18, 2014 the patient was reported to complain of left sided lower back and left leg pain. Pain level is 8/10 and associated with stiffness and muscle spasms of the left spine area. Pain radiates from the left hip all the way down to the left foot. The patient reported weakness, numbness, and tingling sensation in the left lower extremity. Magnetic resonance imaging (MRI) of the lumbar spine showed diffused disc bulge at L4-L5 level with bilateral lumbar facet hypertrophy at L5-S1 level. Lumbar spine examination revealed tenderness from L3 to L5 level bilaterally with bilateral lumbar facet tenderness, left side worse than the right at L4-L5 and L5-S1 level. Range of motion of the lumbar spine is limited. Straight leg raising test is positive on the left on 45-degree elevation of the leg. Deep tendon reflexes are 1+ on the left and 2+ on the right at the knee and at the Achilles tendon. There is weakness in the left lower extremity in L4-L5 myotomes. The patient was diagnosed with lumbar spondylosis without myelopathy; left lumbosacral radiculitis with neuroclaudication; L4-L5 diffused disc bulge; and status post lumbar discectomy, L5-S1. The patient's treatment included physical therapy, anti-inflammatory medications, and muscle relaxants. The patient had left sided lumbar transformational epidural injection performed on August 16, 2013. He reported 65% pain relief. As per the note of June 12 2014, the patient continued to have chronic back pain despite the continuous use of pain medications including Norco. His physical examination demonstrated bilateral lumbar facet tenderness, which worsen with lumbar movement. In the same note, the provider recommends lumbar facet radiofrequency ablation. The provider requested authorization Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Quantity 540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of 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. 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". There is no documentation of pain or functional improvement with the continuous use of Norco. There is no recent documentation of patient compliance with medications. There is no justification for the continuous use of Norco. Therefore, the prescription of Norco 10/325mg, #540 is not medically necessary.