

Case Number:	CM14-0062888		
Date Assigned:	06/20/2014	Date of Injury:	04/27/2004
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/18/2014

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 and is licensed to practice in Illinois. 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 claimant is a 59 year old female who reported injury on 04/27/2004. Mechanism of injury is unknown. The claimant complained of lower back pain that radiated down to her buttocks as well as down both her legs which extends to the level of her knees associated with numbness, tingling and weakness in both her legs. The claimant also stated that she continues to have complete numbness at the abdominal incision site which extends to her left groin region and to her left pubic area which continues down her left leg just above her left knee. The claimant also reported neck pain and stiffness throughout her entire neck with increased radiation of the pain down both of her arms which extended to her hands associated with increases numbness. Physical examination revealed that the claimant stooped over. The range of motion to the lumbar spine showed flexion of 35 degrees, extension of 0 degrees, rotation of 25 degrees and lateral bending of 10 degrees. There was moderate tenderness at the lower end of the scar at the lumbosacral junction. There was moderate tenderness in the paraspinal muscles mainly at the lower levels adjacent to the sacroiliac joints. The deep tendon reflexes are 1+ symmetrical at the knees and minimally trace+ symmetrical at the ankles. The claimant has diagnoses of degenerative cervical IV disc, cervical spondylosis without myelopathy, displaced cervical intervertebral disc, arthrodesis, brachial neuritis/radiculitis, degenerative lumbar/lumbosacral IV disc, displaced lumbar intervertebral disc, spinal stenosis lumbar region, nonunion of fracture, thoracic/lumbar neuritis/radiculopathy, infected post-operative seroma, degenerative thoracic IV disc, thoracic spondylosis without myelopathy, benign essential hypertension and diabetes uncomplicated type 2. The claimant has had an orthopedic evaluation, defense psychiatric evaluation, pain management evaluation, physical medicine evaluation and psychology office visits. Medications include Maxzide 37.5/25mg 1 tablet daily, Lisinopril 20mg 1 tablet daily, Coreg 12.5mg 1 tablet daily, Metformin 2000mg 2 tablets daily, Lantus 52 units nightly,

Novolog 5 units nightly, ASA 81mg 1 tablet daily, Nexium 40mg 1 tablet daily, Cymbalta 30mg 1 tablet nightly, Zanaflex 4mg 1 tablet nightly, Klonopin 0.5mg 1 tablet nightly, Norco 10/325mg 1-2 tablets PRN, Vistaril 50mg 1 tablet PRN, Pravastatin 10mg 1 tablet daily and Nitroglycerin PRN. The treatment plan is for Norco 10/325mg #100 with 5 refills. The rationale was not submitted for review. The request for authorization was submitted on 02/27/2014 by [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen (Norco) page(s) 78 and 91 Page(s): 78,91.

Decision rationale: The California (MTUS) guidelines state that Norco is indicated for moderate to moderately severe pain. The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). The guidelines also state that on-going management of Norco should include the lowest possible dose prescribed to improve pain and function, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment that should include: current pain, the least reported pain over the period since last assessment, average pain, and 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. 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 no adherent) drug-related behaviors. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report shows that the injured workers onset of Norco was 2011. Guidelines recommend the continuing of Norco be in its lowest dosage. Dosage of request exceeds recommendations. Frequency was also not submitted in request. Guidelines also state that there should be documentation of the pain relief, functional status, appropriate medication use, and side effects. In this case, there lacked any evidence of this in report. The report also lacked documentation on a more evident level as to how the medication was assisting with any functional deficits the injured worker had. Furthermore, guidelines also state that there should be the use of drug screens or urinalysis. Furthermore, the report did not include any test showing that the injured worker was in compliance with MTUS. As such, the request for Norco 10/325mg #100 with 5 refills is not medically necessary and appropriate.