

Case Number:	CM14-0076442		
Date Assigned:	07/18/2014	Date of Injury:	10/25/1994
Decision Date:	09/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 Neromuscular 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 53-year-old man who sustained a work-related injury on October 25, 1994. Subsequently, he developed chronic low back pain. According to a progress report dated March 10, 2014 and May 27 2014, the patient complained of low back pain that was worse with standing and better with sitting. He was also complaining of constipation due to pain medication. His physical examination demonstrated limited motor movement due to pain and a small permanent sensory change on the lateral left leg. The remainder of the examination was normal. The diagnoses included chronic pain syndrome, lumbar disc degeneration and constipation. His medication included Benazepril, Atenolol, reglan, Ativan, Norco, Hyoscyamine Sulfate, Promolaxin. His last Urine Drug Screen was performed on October 2013 and was consistent with the drugs used by the patient. The provider requested authorization to continue the use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Norco 7/325 #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, page 179. The Expert Reviewer's 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: "Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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." In this case, the patient has been taking Norco since at least December 2010 with little evidence of functional or pain improvement. The patient's pain levels have not changed or have gotten worse despite ongoing opiate use. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 7/325 #60 is not medically necessary.