

Case Number:	CM14-0080021		
Date Assigned:	07/18/2014	Date of Injury:	07/01/2011
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/30/2014

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 50-year-old man who sustained a work related injury on July 1, 2011. Subsequently, he developed low back pain with radiation into the lower extremity. According to a note dated on March 20, 2014 revealed restricted lumbar range of motion, tenderness over the thoracic, lumbar and sacroiliac regions and muscle spasms in the thoracolumbar musculature. Lumbar MRI performed on July 17, 2011 showed minimal multilevel disc herniations and a small right sided posterolateral disc herniation at L5-S1. According to a follow-up report dated July 9, 2014, the patient has been complaining of pain located in the left leg, left buttock, bilateral hips, left knee, and bilateral low back. The pain is made worse by lifting, bending, and twisting. The pain is made better by heat, ice, and changing positions. With medications, the patient states the least pain is 6/10, the average pain 7/10, and the worst pain 7/10. In the last month without medications, the patient states the least pain is 7/10, the average pain 8/10, and the worst pain 8/10. The pain is worse all day. The patient was diagnosed with lumbar radiculopathy, herniated lumbar disc, chronic depression and insomnia. Previous treatments included facet injections (done January 27, 2014), epidural injection, and medication management (Norco, Ambien, Metformin, Glipizide). The provider requested authorization to use Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to the MTUS Chronic Pain 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 Chronic Pain 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 clear evidence of objective and recent functional and pain improvement with previous use of opioids (hydrocodone has been prescribed since at least May 2012). There is no clear documentation of the efficacy/safety of previous use of Norco. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription Norco 5/325 mg #120 is not medically necessary.