

Case Number:	CM14-0176009		
Date Assigned:	11/19/2014	Date of Injury:	05/22/2009
Decision Date:	01/14/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 45-year-old man who sustained a work-related injury on May 22, 2009. Subsequently, he developed chronic low back, and shoulder pain. According to a follow-up report dated August 13, 2014, the patient complained of persistent lower back pain radiating to the legs and bilateral knees, and shoulder pain. He stated he was having a flare-up of rheumatoid arthritis, mostly in his right wrist and left elbow, and both knees. He rated his pain level at a 6/10. He stated the medications provided him approximately 40-50% relief of his symptoms. On physical exam of the lumbar spine, the range of motion was limited: flexion 45 degrees and extension 10 degrees, with pain at extremes of range of motion. He had some palpable spasm in the mid to distal lumbar segments. Sensation and motor function of the lower extremities were grossly intact bilaterally. There was diffused tenderness at the dorsal surface and the radial border in the right wrist. There was moderate edema associated with the right wrist and increased pain at extreme of flexion and extension. The patient was diagnosed with lumbar radicular pain, lumbar chronic pain, facet arthropathy, polyarthropathy, and possible neuropathy pain. 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, take 2 tablets every 6 hours, QTY: 240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS Chronic Pain Medical Treatment 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. 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 improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg #240 is not medically necessary.