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| Case Number: | CM14-0187809 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 03/30/2001 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 11/05/2014 |
| Priority: | Standard | Application Received: | 11/11/2014 |

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 injured worker is a 46-year-old female, with a reported date of injury of 03/30/2001. The result of injury was low back pain. The current and past diagnoses include lumbar degenerative disc disease, lumbar facet arthropathy, post laminectomy syndrome, lumbar radiculitis, and sciatica. Treatments include Lunesta; Gabapentin for neuropathic pain; Norco 10/325mg three times a day as needed; Nabumetone; Voltaren gel; low back surgery times two (2); and an MRI of the low back on 03/09/2013. The medical records regarding the low back surgery and MRI were not provided for review. The progress report dated 10/27/2014 indicated that the injured worker was scheduled for an updated MRI of the lumbar spine on 11/14/2014 due her complaint of flare-up of her low back pain with radiation to the bilateral lower extremities. The injured worker mentioned increased difficulty with walking due to weakness in the left lower extremity. She rated her pain a 6 out of 10 with use of the pain medication. The injured worker indicated that her pain is normally 4-6 out of 10, with the use of her pain medication. She expressed benefit with use of the Norco, at a maximum of 2-3 tables per day, along with the Nabumetone 750 mg, which allows her to continue to work full-time. The physical examination revealed slow walking with a steady gait, without the use of an assistive device; decreased range of motion of the back due to pain and tenderness; sensory deficits in the bilateral lower extremities; positive bilateral straight leg raise; strength at 4 out of 5 throughout the lower extremities; left lower extremity weaker than the right; decreased range of motion of the bilateral hips and knees, with positive crepitus. On 11/05/2014, Utilization Review (UR) denied the request for Norco 10/325mg #90. The UR physician cited the Chronic Pain Guidelines, and noted that there was no documentation of a urine drug screen to monitor compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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. 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. There is no clinical information about the patient compliance with her medications. Therefore, the prescription of Norco 10/325 mg, #90 is not medically necessary.