MAXIMUS Federal Services

Case Number:	CM14-0189258		
Date Assigned:	11/17/2014	Date of Injury:	11/17/2008
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 49-year-old man who sustained a work-related injury on November 17, 2008. Subsequently, he developed chronic low back pain. According to a medical report dated October 2, 2014, the patient complained of low back and lower extremities pain. He rated his pain as a 5/10. In the past, he has undergone one transforaminal epidural steroid injection and the patient reported good temporary improvement with regard to his overall pain, at least greater than 50%, but then thereafter the pain did start to increase. He is taking part in physical therapy with regard to the low back and the knees. The patient does have a history of carpal tunnel syndrome status post right-sided carpal tunnel surgery, left-sided carpal tunnel surgery is pending when he is ready. Examination of the lumbar spine revealed mildly decreased range of motion with regard to forward flexion and lumbar extension. There was mildly positive straight leg raising on the right at 40 to 45 degrees, negative on the left. Neurologically, the patient remained intact. The patient was diagnosed with chronic bilateral knee pain, pending possible future surgery; carpal tunnel syndrome; and chronic low back and lower extremity pain and radiculopathy on the right side. 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 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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 return to work or improvement of activity of daily living. There is no clear documentation of the efficacy/safety and compliance of previous use of Norco (absence of a singed contract and UDS). Therefore, the prescription of NORCO 10/325 #90 is not medically necessary.