

Case Number:	CM14-0200092		
Date Assigned:	12/10/2014	Date of Injury:	02/20/2014
Decision Date:	01/26/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 woman who sustained a work-related injury on February 20, 2014. Subsequently, she developed chronic neck, back, lower extremities, and shoulder pain. The patient has a medical history of Graves' disease, first hyper then hypo and then euthyroid, and now again showing hypothyroidism, causing neuropathy, numbness in the hands and feet in a glove-like distribution. According to a neurology consult report dated September 30, 2014, the patient stated bilateral hand numbness, bilateral hand tingling, bilateral hand "pins and needles" sensation, posterior lumbar pain, posterior lumbar aching, posterior neck pain, posterior neck ache, and posterior neck tingling. Physical examination revealed tenderness to palpation with positive muscle twitch response in bilateral pectoralis minor, scalene muscles with positive Tinel's bilaterally. There was generalized moderate tenderness over the neck and shoulder girdle. Movement was mildly restricted in all directions. There was mild generalized tenderness in the lumbar area. Movement was moderately restricted in all directions. Muscle strength of the major groups of upper extremities was 5/5 bilaterally. There was hypesthesia to touch and pressure in a glove distribution over the fingers and wrists bilaterally; and hypesthesia in a stocking distribution over the feet and ankles bilaterally. Reflexes were generally hyporeflexia with absent ankle jerks. The patient was diagnosed with brachial plexus lesions, degeneration of the cervical intervertebral disc, and degeneration of the lumbar intervertebral disc. The September 2014 report documented that the patient will start on Butrans 5 mcg since she tried Norco, Flexeril, Tramadol, and Voltaren with only mild improvement in pain. It was also noted that the patient does not tolerate oral medication well due to GI upset. 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 quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for Use of Opioids, On-Going Management Page(s): 78, 80-.

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. In addition, it was noted that the patient does not tolerate oral medication well due to GI upset. Therefore, the prescription of Norco 10/325 mg, #90 is not medically necessary.