

Case Number:	CM14-0200252		
Date Assigned:	12/08/2014	Date of Injury:	08/28/1988
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
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 57-year-old woman who sustained a work-related injury on August 28, 1988. Subsequently, the patient developed neck and low back pain. Prior treatments included: medications, aquatic exercises, heating pads, and TENS unit (with benefit). According to the progress report dated October 29, 2014, the patient noted 40% reduction in her pain with the use of her medications. The patient described her pain as a 7-8/10 in intensity without her medications and 4/10 with medications. The patient has signed a pain contract. Her last UDS of April 14, 2014 was consistent with her medication regimen. Her provider requested a consultation with a functional restoration program as the patient had wished to detox off of her medications. The request was denied. Examination of the cervical spine revealed moderate tenderness and spasm throughout the bilateral cervical paraspinal regions, with tenderness noted throughout the cervical spine. Range of motion was deferred. Examination of the lumbar spine revealed some slight tenderness to palpation throughout the thoracic spine. No thoracic paraspinal tenderness was noted. The patient was noted to have tenderness throughout the lumbar spine. Seated straight leg raise was positive on the right. Deep tendon reflexes were 2+ in the right knee and absent in the left. The patient had 1+ reflexes in her ankles. Babinski testing was negative bilaterally. Motor testing in the lower extremities was 5/5 in all major muscle groups except for right hip flexion, which was slightly reduced secondary to guarding and pain. Sensation to light touch was slightly reduced in the anterolateral right thigh. The patient was diagnosed with lumbar DDD, status post discectomy, laminectomy, and fusion; chronic cervicalgia; chronic back pain; right lumbosacral radiculitis; pain-related insomnia; and situational depression/anxiety. 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 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Norco and Opioids.

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, she continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. Therefore, the prescription of Norco 5/325mg #120 is not medically necessary.