

Case Number:	CM14-0202323		
Date Assigned:	12/15/2014	Date of Injury:	05/24/2010
Decision Date:	02/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/03/2014

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 52-year-old woman who sustained a work-related injury on May 24, 2010. Subsequently, the patient developed chronic neck, low back, and knee pain. Prior treatments included: medications (limited benefit), acupuncture (limited benefit), chiropractic therapy (helpful), and cervical epidural steroid injection (helpful). According to an evaluation report dated June 23, 2014, the patient complained of constant neck pain. The pain radiates down bilateral upper extremity. The patient reported that the pain was accompanied by tingling intermittently in the bilateral upper extremities to the level of the fingers, numbness intermittently in the bilateral upper extremities to the level of the fingers and muscle weakness intermittently. The neck pain was associated with bilateral occipital and bilateral frontal headaches. The patient described the pain as sharp, stabbing, and severe. The patient also complained of constant low back pain that radiates down the bilateral lower extremities. The pain was accompanied by tingling constantly in the bilateral lower extremities to the level of the hip, thigh, and knee. The patient described the pain as sharp, stabbing, and severe. The patient reported bowel dysfunction, constipation, and irritable bowel syndrome as well. The patient rated the level of her pain as 10/10 with or without medications. Examination of the cervical spine revealed limited range of motion with flexion at 35 degrees, extension 45 degrees, rotation to the left at 70 degrees, and to the right at 70 degrees. Pain was significantly increased with flexion and rotation. Sensory examination showed decreased sensation in the left upper extremity, with the affected dermatome C8. Motor strength in the upper extremities is within normal limits. Deep tendon reflexes in the upper extremities were within normal limits bilaterally. The patient was diagnosed with chronic pain, cervical radiculopathy, anxiety and depression, status post carpal tunnel release, status post knee replacement, and status post knee surgery. 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS 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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. Therefore, the prescription of Norco 5/325mg #60 is not medically necessary.