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| Case Number: | CM15-0005052 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 12/12/2005 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 53 year old male, who sustained an industrial injury on December 12, 2005. The injured worker has reported low back pain. The diagnoses have included chronic low back pain, bilateral lumbar radiculopathy and post laminectomy syndrome. Treatment to date has included pain medication, epidural steroid injections, MRI of the lumbar spine and a lumbar laminectomy in November of 2010. MRI of the lumbar spine dated November 14, 2014 revealed a lumbar three- lumbar four bulging disc and status post posterior decompression at lumbar four- lumbar five. Current documentation dated December 8, 2014 notes that the injured worker reported constant back pain with spasms and right hip pain. The pain was rated an eight out of ten on the Visual Analogue Scale. The chronic pain limits his activities of daily living. Physical examination revealed the injured worker to have a slow, painful demeanor and he walked flexed forward with the assistance of a cane. There was loss of lordosis noted. No motor or sensory deficits were noted. On December 30, 2014 Utilization Review non-certified a request for Norco 10/325 mg # 120 with no refills. The MTUS, ACOEM Guidelines, were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg # 120 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet 4 times daily, #120, 0 refills (prescribed 12/22/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.