

Case Number:	CM15-0007794		
Date Assigned:	01/26/2015	Date of Injury:	07/01/2009
Decision Date:	03/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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 46 year old male was injured 7/1/09 in an industrial accident where he fell approximately 13 feet off of a roof, landing on his back and experiencing severe back pain. Currently he complains of pain in the cervical, thoracic, lumbar, shoulders, bilateral wrists and knees. Medications included Neurontin, Norco, Lexapro and Prilosec. Diagnoses was cervical and lumbosacral radiculopathy; shoulder, wrist, knee tendinitis/ bursitis; status post lumbar spinal fusion at L1-5 with retained hardware. He has had physical therapy which provided temporary relief; acupuncture, providing temporary relief; H-wave therapy; anti-inflammatory medications and pain medications. Diagnostic studies included computed tomography of the lumbar spine (1/30/14); MRI of the lower back. The treating physician has requested Norco as the injured worker continues to be in significant pain and further surgical intervention has not been authorized, therefore it was felt that pain medication is warranted on an industrial basis. On 1/7/15 Utilization Review non-certified the request for Norco 7.5/ 325 mg # 60, 5 refills based on documentation failing to demonstrate any quantified improvements or changes either subjectively, objectively, or with function even given the use of hydrocodone. This is not consistent with guideline criteria for long-term opioid use. MTUS Chronic pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least January 2012 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 7.5/325mg #60 with 5 refills is not medically necessary.