

Case Number:	CM15-0101642		
Date Assigned:	06/04/2015	Date of Injury:	10/21/1998
Decision Date:	07/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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, Alabama, 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:

The injured worker (IW) is a 67-year-old female who sustained an industrial injury on 10/21/1998. She reported. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, lumbar radiculitis, chronic pain syndrome, and shoulder pain. Treatment to date has included medications and compliance monitoring. Currently, the injured worker complains of increased pain in the legs and feet, left shoulder and low back. She ascribes her pain to denial of her fentanyl patch, which helps with her leg pain. Her back pain radiates to the left leg, and she complains of aching in the feet. She rates her pain as 10/10 without the pain medications and 5/10 with the medications. Prolonged activity aggravates her pain and medication alleviates it. In her examination of the musculoskeletal system she denies joint pain, muscle pain, joint swelling, or muscle weakness. In the neurologic exam, she denies migraines, numbness vertigo, headaches or balance problems. Her left shoulder flexion is 0-100 degrees, strength is 5/5 for both lower extremities, her reflexes are trace and symmetrical for both quadriceps, and she is absent of bilateral gastrocnemius reflexes. Straight leg raise is negative bilaterally but it produced back pain bilaterally. In general appearance, the injured worker is alert, pleasant, and in no acute distress. She ambulates independently without any assistive device with her trunk flexed forward. It is noted that she lives alone and does all household chores. She exercises regularly and does not report any adverse reaction nor does she exhibit aberrant behavior. Urine toxicology testing was consistent with the pain medications prescribed. It is noted that the pain medications prevent her from going to the Emergency Department. The treatment plan is to continue Norco 10/325 mg by mouth three times daily as needed. A request for authorization is made for Norco 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, Opioids for chronic pain, Steps to avoid misuse/addiction, On-Going Management, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Weaning of 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's 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 10mg #90 is not medically necessary.