

Case Number:	CM15-0167920		
Date Assigned:	09/08/2015	Date of Injury:	10/25/1999
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/26/2015

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 is a 57 year old male, who sustained an industrial-work injury on 10-25-99. He reported initial complaints of lumbar pain. The injured worker was diagnosed as having chronic low back pain, lumbar post laminectomy syndrome, and bilateral lower extremity radiculopathy. Treatment to date has included medication, surgery (L4-5 and L5-S1 posterior lumbar interbody fusion on 1-19-01 with removal of hardware on 11-14-03), failed spinal cord stimulator trial, psychological treatment, pain management, and exercise program. MRI results were reported on 7-29-14 that reported adhesive arachnoiditis at L4-5, mild central spinal stenosis L3, and diffuse degenerative hypertrophic facet arthropathy from L1 to L4. Currently, the injured worker complains of low back pain with radiation to the left lower extremity that was described as electrical hot burning along with numbness and tingling to right thigh and weakness. Pain with medication was rated 5 out of 10 and 9 out of 10 without. Per the primary physician's progress report (PR-2) on 7-15-15, exam revealed an antalgic gait, scar from prior surgery, diffuse myofascial tenderness from L1 to S1, 1+ muscle spasms, decreased lumbar spine range of motion, positive straight leg raise on the left to 40 degrees, decreased left motor strength of anterior tibialis, peroneous longus-brevis, and extensor hallucis longus, hyperesthesia on the left posterior and lateral thigh and lateral aspect of the left foot and dorsum of left foot, allodynia over lateral and dorsal aspect of left foot, normal patellar reflex and trace Achilles reflex on the left and diminished on the right. Last urine drug screen on 2-19-15 was positive and consistent for current medication regimen. Current plan of care included include Norco 10/325mg. The utilization review on 8-5-15 modified Norco 10-325 between 7-15-15 and 9-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic- H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available); Opioids, criteria for use; Weaning of Medications.

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 since at least July 2014 without strong evidence of functional improvement. In fact, the progress report dated November 17, 2014 revealed that medications improved the patient's ability to ambulate up to 6 blocks; however, in a recent note, the provider reported that with medications, the patient was able to ambulate up to 4 blocks. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.