

Case Number:	CM15-0168515		
Date Assigned:	09/09/2015	Date of Injury:	11/03/2013
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/27/2015

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 is a 53 year old female, who sustained an industrial injury on November 3, 2013. The injured worker reported an injury to her low back and right leg in a fall. Her past medical history is significant for intravenous drug abuse with a seventeen-year remission. The injured worker was diagnosed as having low back pain consistent with lumbar strain, lumbar spine pain, and lumbar radiculopathy. The injured worker has been experiencing low back pain for two years. She rates her pain 5-9 on a 10-point scale and notes that her back symptoms have remained unchanged. She is currently taking no pain medications and was referred for pain management services. On physical examination, the injured worker has no pain to palpation of the lumbar facet joints. She has pain to palpation over the lumbar intervertebral spaces and with lumbar range of motion. Her current medications include amlodipine, hydrochlorothiazide, losartan and pravastatin. An MRI of the lumbar spine on September 16, 2014 revealed postoperative findings at L5-S1 on the right with residual bulging disc and osteophyte with scar tissue. At L4-5 there was a 3.9 mm x 8.5 mm disc osteophyte extending to the right foramen causing mild to moderate right and mild left foraminal stenosis and minimal disc bulges at L2-3 and L3-4. The documentation reveals the injured worker has not been prescribed opioid pain medications due to her previous history with drug abuse. Treatment to date has included lumbar laminectomy, physical therapy, acupuncture therapy, and opioid medications. A request was received on August 10, 2015 for Norco 10/325 mg #45. The Utilization Review physician determined on August 17, 2015 the request for Norco 10/325 mg #45 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #45 Requesting 2 Weeks Supply Per Visit: 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's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco, Has not been prescribed opioid pain medications due to her previous history with drug abuse. Therefore, the prescription of Norco 10/325mg #45 is not medically necessary.