

Case Number:	CM15-0169824		
Date Assigned:	09/10/2015	Date of Injury:	02/05/2010
Decision Date:	10/08/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This 29 year old man sustained an industrial injury on 2-5-2010 after blocking a box from hitting a co-worker. Evaluations include lumbar spine x-rays dated 2010 and lumbar spine MRI dated 12-13-2014. Diagnoses include acute cervicgia with persistent symptoms, lumbalgia with numbness and radiculopathy including right foot numbness and calf pain, neuralgia, neuritis, right flank pain (near resolution), and right Achilles tendon focal pain. Treatment has included oral medications, chiropractic care, hot shower, and physical therapy. Physician notes dated 7-25-2015 show complaints of lumbar spine pain rated 3-6 out of 10 with transient neck pain, transient right lower extremity pain, and right calf muscle pain. The physical examination shows moderate distress, decreased range of motion to the right upper extremity; and cervical, thoracic, and lumbar spine; head; neck; rib cage; and pelvis with pain and radicular pain to the bilateral lower extremities and left upper extremity. There is also tenderness on palpation to the T6-L1 areas, L4-S1, and right shoulder. Recommendations include Percocet taper (completed), weight loss, Norco taper, Robaxin, sacral epidural steroid injection, aquatic therapy, chiropractic care, orthopedic consultation, neurology consultation, thoracic spine MRI, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #135 is not medically necessary.