

Case Number:	CM15-0021349		
Date Assigned:	02/10/2015	Date of Injury:	06/20/2006
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 06/20/2006. He has reported low back pain. The diagnoses have included lumbar disc displacement; and status post lateral lumbar interbody fusion at L4-L5 with cage in June 2009, with bilateral lower extremity radiculitis; and right knee patellofemoral arthralgia. Treatment to date has included medications, chiropractic sessions, and surgical intervention. Medications have included Norco. Currently, the Injured Worker complains of pain in the low back, somewhat improved with the chiropractic treatment; and Norco helps to control his pain and allows him to do more activities of daily living; symptoms worsen when not taking Norco; pain is rated at 8/10 on the visual analog scale, and is described as moderate, severe, constant, dull, and sharp. A progress report from the treating physician, dated 01/08/2015, reported objective findings to include tenderness to palpation with muscle guarding over the paraspinal musculature; straight leg raising test is positive, bilaterally; decreased range of motion of the lumbar spine; and decreased sensation in the bilateral lower extremities in a patchy distribution. The treatment plan included a prescription for Norco 10/325 mg, 4 tablets/day. On 01/23/2015 Utilization Review non-certified a prescription for Norco 10/325 mg #120. The CA MTUS was cited. On 02/04/2015, the injured worker submitted an application for IMR for review of for Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.