

Case Number:	CM15-0029110		
Date Assigned:	04/23/2015	Date of Injury:	02/28/2003
Decision Date:	05/20/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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 56 year old male patient who sustained an industrial injury on 02/28/2003. A primary treating office visit dated 09/25/2013 reported the patient with subjective complaint of back pain being better lately. He has not been doing things to cause it to flare up. He is diagnosed with lumbar degenerative disc disease. He is to continue with Soma and Norco on a sparing basis. He is to follow up in one month. The patient will remain off work indefinitely. Another follow up visit dated 02/19/2014 reported chief complaint of low back pain. Current medications are: Norco 10/325mg, Aleve, Benadryl and Soma. He was prescribed Norco 10/325mg #100. A more recent follow up visit dated 01/20/2015 reported chief complaint of low back pain. The patient is noted requesting another prescription of Norco as he did not use the prescribed Mobic after reading the insert warnings. The following diagnoses are applied: degeneration lumbar discs; lumbar radiculitis; low back pain, and other chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 60 with 3 refills: Upheld

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

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 return to work (according to the medical records, the patient will remain off work indefinitely) or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60, with 3 refills is not medically necessary.