

Case Number:	CM15-0057661		
Date Assigned:	04/02/2015	Date of Injury:	05/29/2002
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/26/2015

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, 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 was a 67 year old male, who sustained an industrial injury, May 29, 2002. The injured worker previously received the following treatments Cymbalta, Lyrica, Norco, fusion of T1 through S1 in 2005, detoxification program with Suboxone, Methadone, Ropinirole, Lunesta, brain MRI, cervical spine MRI and Soma. The injured worker was diagnosed with cervical spondylosis with myelopathy and radiculopathy, severe central canal stenosis with cord compression secondary to Grade I retro-listhesis with ligamentum Flavum thickening and facet arthropathy at C4-C5, C5-C6 and C3-C4 retrolisthesis and moderate central stenosis. The injured worker also had severe bilateral neuroforaminal stenosis at C3-C4, C4-C5, C5-C6, C6-C7 and C7-T1; multilevel degenerative disc disease, post laminectomy syndrome, lumbar radiculopathy, right hip pain secondary to degenerative joint disease and status post opioid detoxification with Suboxone. According to progress note of February 10, 2015, the injured workers chief complaint was cervical and lumbar pain. The pain was severe affecting the upper and lower extremities. The injured worker described the pain as burning electrical shocks that affects the extremities. There was an increase in the numbness of the left side of the body. The injured worker rated the pain at 6-8 out of 10 with pain medication and 10 out of 10 without pain medication; 0 being no pain and 10 being the worse pain. According to the injured worker the Norco was for moderate to severe pain, which reduced the pain up to 30% to 40%, which increase functional levels up to 50%. The physical exam noted the injured worker walked with an antalgic gait and a single point cane. There was significant tenderness of the C1-T1 with muscle spasms. The Spurling's test was positive bilaterally. There was significant weakness of the upper extremities. The lumbar spine

noted tenderness of the paraspinal bilaterally. The straight leg testing was negative bilaterally. The injured worker was positive for the right hip Faber exam. The current medications were Norco, Cymbalta and Lyrica. The treatment plan included a prescription renewal for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

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 or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #100 is not medically necessary.