

Case Number:	CM15-0084157		
Date Assigned:	05/06/2015	Date of Injury:	09/28/2001
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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 44-year-old male patient who sustained an industrial injury on 09/28/2001. A recent office visit dated 05/16/2014 reported the patient with subjective complaint of back pain, low back pain, and lumbar complaints. He is experiencing back stiffness and pain. He reports being out of medications. Current medications are: Norco 10/325mg, and Prilosec. The assessment noted: facet capsular tears at L2-3, L3-4, and L4-5. The plan of care involved: continuing with current medications, recommending a radiofrequency procedure and follow up visit. The patient is working. Another follow up visit dated 08/15/2014 reported no change in subjective complaints, medication regimen, and or plan of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

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. Norco is indicated for moderate to severe pain levels. In this case, the patient's latest physical examination, dated March 21, 2015, was within normal range with no ROM, or neurological deficit noted and with a pain level of only 1/10. In addition, the patient has been working full time with no severe increase in pain. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.