

Case Number:	CM15-0089788		
Date Assigned:	05/14/2015	Date of Injury:	05/27/1992
Decision Date:	06/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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 52 year old male, who sustained an industrial injury on 5/27/92. He reported pain in his lower back related to a slip and fall accident. The injured worker was diagnosed as having low back pain, status post lumbar laminectomy and discectomy at L4-L5 and L5-S1 and myofascial pain. Treatment to date has included chiropractic treatment (which is beneficial) and Norco (since at least 2/20/15). As of the PR2 dated 3/20/15, the injured worker reports low back pain and muscle spasms. He is using Norco and Paraffin Forte for his pain and states that the combination has worked well for him. He rates his pain today an 8/10, at best a 4/10 and worst a 10/10. Objective findings include forward flexion 20 degrees, extension 5 degrees. Bilateral straight leg raise tests are positive at 80 degrees causing left-sided back pain that radiates to the left buttock and thigh. The treating physician requested to continue Norco 10/325mg #60 and a liver and renal function lab test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

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'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 evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.

Lab study to check Liver & Renal function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Veteran Affairs, Department of Defense: Clinical Practice Guidelines for Management of Opioid Therapy for Chronic Pain, 2010 May, pg 159.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org>.

Decision rationale: According to <http://www.labtestonline.org/>, testing liver and renal function is indicated in case of history of liver or renal disease or if the patient is at risk of developing renal and liver dysfunction. There is no recent documentation of renal or abnormal liver function. Therefore, the request for Lab study to check Liver & Renal function is not medically necessary.