

Case Number:	CM14-0120841		
Date Assigned:	08/08/2014	Date of Injury:	02/29/2012
Decision Date:	10/10/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male who sustained an injury on 02/29/12. He complained of constant 6/10 low back pain with some stiffness in his low back. The pain was aggravated with lifting and twisting and was alleviated with medication and rest. He had some resolution of his radicular pain. He reported his sleep and mood were poor. He was on low level home exercise and walking program and has lost 20 pounds. He has lumbar degenerative disc disease with radiculopathy, diffuse regional myofascial pain and chronic pain syndrome with sleep and mood disorder. On exam, he had flattening of the normal lumbar lordosis with multiple myofascial trigger points in the lumbar paraspinal muscles. Reflexes were 2+ in the knees but absent in the ankles. On palpation, there was tenderness over the midline of lumbar spine. Magnetic resonance imaging scan showed a L4-L5 left disc protrusion of 5mm (contained) and a L5-S1 left disc protrusion of 2mm. Current medications include cyclobenzaprine, lidoderm 5% patch, Norco 5 mg-325 mg, vicodin 5 mg-300 mg tablet. Diagnoses include displacement of lumbar intervertebral disc without myelopathy and degeneration of lumbar intervertebral disc. Despite appropriate medications, physical therapy and pain psychology, he has not been able to achieve a level of function that would allow him to return to work. He has failed chiropractic treatment as well. The request for Norco 5/325mg #60 with 1 refill was modified to Norco 5/325mg #60 with 0 refill on 07/02/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 1 refill for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines continued use of opioids: Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, specific drug list Page(s): 75, 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers 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 medical records do not establish failure of non-opioid analgesics, such as nonsteroidal anti-inflammatory drugs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.