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| Case Number: | CM14-0141852 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/27/2001 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 Physical Medicine and Rehabilitation 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 55-year-old female who sustained an injury on 09/27/01. As per 07/02/14 report the patient had a positive response to cervical epidural injection, which was given in June 2014, with significant reduction (70%) of her neck pain and her left arm pain but the relief was felt to be weaning and residual distal upper extremity symptoms were noted and she has difficulty with day to day activities. She complains of moderate to severe lumbar and leg pain as well. She also had transforaminal epidural steroid injection at left L2-3 and L3-4 on 5/14/14 with 50% pain reduction following the injection. Exam revealed motion of the neck caused painful symptoms with tenderness in the left pericervical with spasm, right pericervical with spasm, and trapezius and muscle spasm at the cervical spine. She had difficulty walking and changing position and the motion was restricted and caused painful symptoms. There was guarding with motion positive for muscle spasm and antalgic gait. MRI of the lumbar spine noted a fusion at L4-5 & L5-S1 with postsurgical changes. A retrolisthesis was noted of L2 and a circumferential disc bulge is also noted. Bilateral facet arthrosis, ligamentum flavum hypertrophy and foraminal narrowing were noted. Medication includes Ambien, Linzess, Lorzone, Mirapex, MS Contin, Norco, and Zanaflex. Diagnoses include post laminectomy syndrome of the cervical region, injury to a lumbar nerve root and lumbago. The request for Norco 10-325 mg one tablet four times a day for pain #180 was denied on 8/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg one tablet four times a day for pain #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91, 74.

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 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 medical records do not establish failure of non-opioid analgesics, such as NSAIDs 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. VAS) 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. Nonetheless, long acting opioids should be considered when frequent dosing is required. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco 10/325 mg one tablet four times a day for pain # 180 is not medically necessary and appropriate.