

Case Number:	CM14-0143086		
Date Assigned:	09/10/2014	Date of Injury:	03/09/2005
Decision Date:	10/10/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 53-year-old male who sustained an injury on 3/9/05. The patient reported having increased pain described as lancinating with difficulty walking and sleeping and pain increased in the legs with burning into the feet. Relevant objective findings consisted of an antalgic gait, with myofascial trigger points of the lumbar paravertebral, prosthetic left leg secondary to below-knee amputation, right leg sensation decreased in L5 distribution, and restricted lumbar range of motion. MRI revealed L5-S1 herniated nucleus pulposus and post-op changes at L4-5. EMG studies revealed positive neuropathy. He was status post intrathecal pump replacement on 12/10/12 and status post lumbar epidural injection on 3/3/14 with approximately 50-60% improvement in the low back and legs. He was on Norco, Robaxin, MS Contin, and Ambein. He had been prescribed Norco since at least January 2012. He was certified a modified prescription of Norco 10/325mg #135 on 12/10/12 to initiate a weaning process as he had reported increased pain and was approved for increased morphine delivery from his intrathecal pump along with concurrent use of MS Contin twice a day as a long-acting analgesic. Again on 4/8/14 he was certified a modified prescription of Norco 10/325mg #135, which was further modified to #101 on 7/21/14 and #80 on 8/18/14. Current diagnoses included lumbar post laminectomy syndrome status post morphine pump implant and depression. The request for 1 prescription of Norco 10/325 mg #180 was modified to 1 prescription of Norco 10/325 mg #36 on 08/26/14.

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 Opioids.

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. In this case, 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 continuous use of Norco to demonstrate the efficacy of this medication. Weaning was previously recommended. There is no evidence of urine drug test in order to monitor compliance. The IW is also on MS Contin and intrathecal pump. Therefore, the medical necessity for Norco, based on the guidelines this request is not medically necessary.