

Case Number:	CM14-0144334		
Date Assigned:	09/12/2014	Date of Injury:	01/01/2001
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 48-year-old woman who sustained a work-related injury on July 11, 2013. Subsequently, the patient developed chronic neck and back pain. According to the follow-up report dated May 1, 2014, the patient has been complaining of chronic pain in her cervical and lumbar spines, and left shoulder. She reported acute flare-up of myofascial pain in the left thoracic spine. Pain level is at 8/10 in her upper body. The patient was also diagnosed with fibromyalgia. Previously, she was responding positively to series of trigger point injection for myofascial pain. Prior to that, the patient had had series of epidural injections. Physical examination revealed spasm and tenderness in the paravertebral muscles of the left thoracic spine with decreased range of motion on flexion and extension. Mild spasm and tenderness observed in the paravertebral muscles of the cervical and lumbar spines with decreased range of motion on flexion and extension. The patient was maintained on combination of Xanax, Temazepam, and Norco. UDS dated April 4, 2014 was positive for Butalbital, Cotinine, Hydrocodone, Hydroxybupropion, nicotine, and pentobarbital. Progress note dated June 18, 2014 indicates that the patient complains of worsening neck pain rated 6/10 described as constant, dull, hot-burning, shooting, and throbbing that radiates to the left upper extremity. The patient has constant shoulder pain. The patient also was complaining of lower back and hip pain rated 7/10 radiating to the lower extremities down to the left calf. Physical examination revealed tenderness of the C4-7 and L3-S1 spinous process and interspaces, as well as facets joints and pain in the lumbar intervertebral space and bilateral sacroiliac joint area. There is limited range of motion in the cervical and lumbar spine secondary to increased pain, tightness, and stiffness. There is tenderness of the bilateral anterior acromioclavicular joint, and at the L4, L5, and S1 nerve root distribution. The patient was diagnosed with acute flare-up of myofascial pain in the mid back,

cervical sprain/strain, and lumbar sprain/strain. The provider requested authorization to use Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Criteria for use of opioids, page(s) 179.

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. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 10/325 mg #120 is not medically necessary.