

Case Number:	CM14-0149405		
Date Assigned:	09/18/2014	Date of Injury:	05/26/2005
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 51-year-old man who sustained a work related injury May 26, 2005. Subsequently, he developed with chronic neck, low back, right wrist, and elbow pain. MRI of the lumbar spine dated June 27, 2012 showed 3.5 mm broad based disc protrusion at L3-4 level impressing on the thecal sac; and a 5.9 mm caudally dissecting central disc extrusion, which mildly impresses on the thecal sac at L4-5 level with mild bilateral neural foraminal narrowing. EMG/NCV studies done on May 3, 2010 revealed mild left sural and saphenous nerve demyelization and acute left L5-S1 radiculopathy. X-rays of the lumbar spine showed mild narrowing of the L5-S1 disc space and facet joint. There was loss of lordosis. According to a progress report dated August 21, 2014, the patient continues to complain of neck and low back pain with intermittent radiculopathy to the upper and lower extremities. Symptoms are worse with prolonged standing and sitting. He does complain of numbness in the right hand. He express significant amount of weakness. Symptoms are worse at night. He continues to take medication to control his symptoms. Without the medication, the patient reports he is unable to perform ADL. The patient does get constipation with the Hydrocodone; therefore, he continues to use Docusate sodium. He also continues to complain of right elbow pain, which is worse with any type of repetitive flexion or extension. Examination of the right hand and right elbow revealed tenderness to palpation over the medial epicondyle, where there is subluxation of the ulnar nerve noted. There is tenderness to palpation over the transverse carpal ligament, specifically with percussion. There is positive Tinel's sign over the wrist and the elbow, and positive Phalen's test. There is decreased sensation over the median and ulnar nerve distribution. There is increased 2 point discrimination. Examination of the cervical spine revealed loss of lordosis. There is tenderness to palpation over the paracervical muscles and over the mid trapezius muscles. +2 muscle spasms are noted. There are palpable trigger points with positive twitch response. A

positive axial compression test is also noted. There is decreased sensation over the C5 and C6 dermatomes. There is decreased strength with forearm flexors and extensors. Examination of the lumbosacral spine revealed loss of lordosis. There is tenderness to palpation over the paraspinal muscles with spasm and reduced range of motion. The patient was diagnosed with carpal tunnel syndrome of the right hand, ulnar neuritis of the right, musculoligamentous strain of the cervical spine, and musculoligamentous strain of the lumbar spine. The patient's current medications include Norco, Prilosec, Docusate Sodium, and Motrin. The patient also received a cortisone injection into the right elbow on July 17, 2014. 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 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 78-79.

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, 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 file, he continued to have severe pain despite the use of Norco. There is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. The patient reported side effect from long term use of Norco including constipation. Therefore, the prescription of Norco 7.5/325MG #60 is not medically necessary.