

Case Number:	CM14-0153184		
Date Assigned:	09/23/2014	Date of Injury:	11/13/2003
Decision Date:	03/04/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 43-year-old man who sustained a work-related injury on November 13, 2003. Subsequently, he developed chronic low back and neck pain. Prior treatments included: medications, right shoulder arthroscopic surgeries on July 3, 2007 and April 18, 2005, lumbar facet blocks on December 13, 2012, and sacroiliac injections on February 29, 2012. According to the progress report dated July 2, 2014, the patient reported persistent low back and neck pain and reported having 6/10 severity pain. His low back pain was mostly in the lumbar region without radiation to the lower extremities. His neck pain mostly radiated to the right upper extremity associated with intermittent weakness. The patient stated that Hydrocodone 5mg was not helping for his pain and he was requesting norco 10/325mg. The patient reported erectile dysfunction. X-ray of the cervical spine dated May 29, 2014 showed loss of cervical lordosis. X-ray of the lumbar spine dated February 14, 2014 showed disc height loss mild with end plate degenerative changes at L1-L2. Mild bilateral neural foraminal stenosis at L4-L5. EMG/NCS of bilateral upper extremities performed on March 3, 2014 documented electrodiagnostic evidence of bilateral lower cervical posterior rami irritation consistent with bilateral lower cervical radiculopathy. MRI of the lumbar spine dated February 14, 2014 showed mild disc height loss and end plate degenerative changes at L1-L2. Mild bilateral neural foraminal stenosis at L4-L5. Objective findings included: spasms noted in the cervical paraspinal muscles and stiffness noted in the cervical spine. Dysesthesia noted to light touch in the right C7 dermatome. Strength was 5/5 in bilateral upper extremities. Spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. tenderness noted in the lumbar facet joints bilaterally but worse on the

right side. The patient's UDS were not consistent most of the times. The patient was diagnosed with right shoulder pain, status post right shoulder subacromial decompression, lumbar facet pain, right sacroiliitis, cervical radiculopathy, bilateral knee pain, and insomnia secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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, appropriate medication use, and side effects. 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. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living.