

Case Number:	CM14-0206562		
Date Assigned:	12/18/2014	Date of Injury:	05/10/2014
Decision Date:	02/10/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 53-year-old man who sustained a work-related injury on May 10, 2014. Subsequently, the patient developed a chronic back and neck pain. According to a progress report dated on June 13, 2014, the patient was complaining of ongoing back pain radiating to both lower extremities. The patient recent MRI performed on June 19, 2014 demonstrated 7 mm extrusion of the nucleus pulposus. The patient was complaining of ongoing neck pain with headaches radiating to both upper extremities. His MRI of cervical spine demonstrated the 3 mm disc protrusion at C3-C7. The patient physical examination demonstrated cervical and lumbar tenderness with reduced range of motion. The patient was diagnosed with lumbar disc disease and cervical disc disease as well as medication-induced gastritis. The provider requested authorization for prescription of Norco.

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: The Claims Administrator did not cite any medical evidence for its decision.

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 previously used without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. In addition, there is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.