

Case Number:	CM14-0210196		
Date Assigned:	12/23/2014	Date of Injury:	10/09/2007
Decision Date:	02/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 injured worker is a 43-year-old male, with a reported date of injury of 10/09/2007. The result was low back pain. The current diagnoses include low back pain, lumbosacral radiculitis, and complete rupture of the rotator cuff. The past diagnoses include low back pain and lumbar radiculopathy. Treatments have included pain medications. The progress report dated 11/13/2014 indicates that the injured worker complained of more pain in the low back, with constant shooting radiation to the right leg. He also complained of moderate pain in the right shoulder. The pain was associated with tingling, numbness in the right leg and weakness in the right leg. The pain was described as constant in frequency and severe in intensity. The injured worker rated his pain a 7 out of 10, but as a 5 out of 10 at its best, and a 10 out of 10 at its worst. The pain was relieved with medication and rest. He was able to walk one block before having to stop because of the pain. The injured worker indicated that 80% of his pain was in his back, and 30% was in his leg. An examination of the low back showed limited range of motion in all planes, no spinous process tenderness or masses felt along the lumbar spine, positive sciatic stretch on the right, and tenderness to palpation over the right paraspinals. There was decreased motor strength of the right lower extremity, and diminished sensation in the right L5 dermatomes of the lower extremities. The treating physician prescribed Norco 10/325mg #120 every six (6) hours. The injured worker's status was permanent and stationary with permanent work restrictions of lifting under 10 pounds and no repetitive bending. A laboratory report dated 09/05/2014 was included in the medical records provided for review. On 11/18/2014, Utilization Review (UR) denied the request for Norco 10/325mg #120 every six (6) hours. The UR physician noted that there was no

objective evidence of functional response with opioid therapy; and there was no documentation of other medications taken by the patient. The Chronic Pain Guidelines were cited.

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.

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. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.