MAXIMUS Federal Services

Case Number:	CM14-0210384		
Date Assigned:	12/23/2014	Date of Injury:	07/09/2004
Decision Date:	02/20/2015	UR Denial Date:	12/03/2014
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 patient is a 46-year-old man who sustained a work related injury on July19, 2003. Subsequently, he developed chronic low back pain. According to a progress report dated November 18, 2014, the patient continued to have lower back pain, rated as a 10/10 in intensity without medications and a 7-8/10 with medications. He continued to have numbness in bilateral lower extremities as well. Physical examination revealed a normal heel-toe swing-through gait with no evidence of limp. There was no evidence of weakness walking on the toes or the heels. There was palpable tenderness of the paravertebral muscles, bilaterally. There was decreased sensation in the S1 dermatome bilaterally, worse on the left than the right. Range of motion was restricted by pain with flexion at 60 degrees, extension at 25 degrees, left lateral bend at 25 degrees, and right lateral bend at 25 degrees. Motor power was 5/5 bilaterally. The patient was diagnosed with status post L4-S1 fusion, symptomatic retained hardware, left L5-S1 radiculopathy with weakness, left L3 and L4 radiculopathy, L3-4 disc degeneration/stenosis, left L4 foraminal stenosis per MRI, and status post removal of hardware on June 27, 2012. The provider requested authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with 1 refill: Upheld

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

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 #90 with 1 refill is not medically necessary.