

Case Number:	CM15-0100373		
Date Assigned:	06/02/2015	Date of Injury:	04/03/2007
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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, Alabama, 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 (IW) is a 47 year old female who sustained an industrial injury on 04/03/2007. The initial injury report is not provided in the records submitted. The injured worker was diagnosed as post lumbar fusion from L4-S1 with a second surgery for hardware removal, knee tendonitis, bursitis, other mechanical complication of other internal orthopedic device, lumbosacral radiculopathy, and cervical sprain/strain. Treatment to date has included surgery and medications. Currently, the injured worker complains of continued lower back pain with radiating pain down both lower extremities with tingling, weakness, and numbness. She complains of difficulty with daily activities including prolonged standing, walking squatting, kneeling, and stooping. According to a letter of March 21, 2015, she takes Norco 7.5 for pain and has done so on a long term basis. The medications reduce her pain from approximately an 8/10 to a 5/10 and sometimes lower starting 20-30 minutes after ingestion and provide approximately 5-6 hours relief. The pain medication is supplemented with gabapentin and over the counter anti-inflammatory medications in order to avoid taking additional tablets. She states she is able to stand and walk for longer periods after taking pain medications. The treatment plan includes a request for authorization for Psychological evaluation/consultation for Spinal Cord Stimulator clearance, a psychiatric evaluation has been requested in regards to the patient's anxiety and depression. A request for authorization is also made for Norco 7.5 mg Qty 20, and Prozac 40 mg (unspecified Qty).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5 mg Qty 20: 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. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 7.5 mg Qty 20 is not medically necessary.