

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0010351 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 08/07/2008 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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, 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 62 year old male, who sustained an industrial injury on August 7, 2008. The diagnoses have included low back pain, chronic pain syndrome, lumbar post-laminectomy syndrome and degeneration of lumbosacral intervertebral disc. Treatment to date has included lumbar laminectomy, pain medication and physical therapy. An MRI in 2009 revealed moderate lumbar spondylosis, significant L2-3 and L3-4 spinal stenosis and lateral recess stenosis. Currently, the injured worker complains of low back pain, chronic radicular and regional myofascial pain and chronic pain syndrome. He has reported persistent pain since his lumbar fusion and reports the pain is worse. On physical examination, the injured worker had a negative seated straight leg raise bilaterally and the evaluating physician was unable to obtain reflexes in either knees or ankles. The injured worker's pain was not resolved and he continued to have significant mood depression. On January 7, 2015 Utilization Review non-certified a Norco 5/325 mg #60, noting that the documentation does not indicate that the records provided for review did not support ongoing opioid pain management as the records do not appropriately document analgesic effect with the medications, if activities of daily living have improved, if there were adverse side effects or not and if the patient exhibited aberrant drug-related behavior or not and it was not documented if a home pain diary was being utilized. The California Medical Treatment Utilization Schedule was cited. On January 19, 2015, the injured worker submitted an application for IMR for review of Norco 5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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 improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg #60 is not medically necessary.