

Case Number:	CM15-0114105		
Date Assigned:	06/22/2015	Date of Injury:	02/20/2007
Decision Date:	07/21/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/12/2015

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 is a 64 year old female who reported an industrial injury on 2/20/2007. Her diagnoses, and/or impressions, are noted to include: chronic low back pain, status-post lumbar fusion (2013). Her co-morbidities are noted to include: Cushing's syndrome, chronic obstructive pulmonary disease, sepsis, stroke, and neuropathy in the legs. No current imaging studies are noted. Her treatments have included medication management; and rest from work as she is noted as retired. The progress notes of 5/11/2015 reported complaints of low back pain with the worst pain located in the central low back, and radiated to the buttocks and mid-lumbar area, and down to the toes on the left, and only to the knee on the right; she also complained of trouble sleeping, and that any activity aggravated her pain. The objective findings were noted to include morbid obesity; tenderness throughout the lower lumbar area and bilateral buttocks with positive pelvic rock, sustained hip flexion, and decreased lumbar range-of-motion; decreased strength in both lower extremities, without deficits; and a difficult tandem gait with the ability to take a few steps on her heels and toes. The physician's requests for treatments were noted to include the continuation of Norco for stated functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325 MG #90 DOS 5/11/15: 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's file, there is no objective documentation of pain and functional improvement associated with the use of Norco to justify its continuous use. Norco was first prescribed on May 2015 and the submitted records indicated that the patient's current medications (mainly prior to the use of Norco) helped reduce her pain. Therefore, the retrospective prescription of Norco 10/325mg #90 is not medically necessary.