

Case Number:	CM15-0116652		
Date Assigned:	06/24/2015	Date of Injury:	07/27/2009
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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 60 year old female, who sustained an industrial injury on 7/27/2009. She reported back pain and subsequent difficulty breathing while lifting a tote. The injured worker was diagnosed as having lumbar disc herniation with current flare-up, right S1 radiculopathy, and antalgic gait secondary to disc herniation. Treatment to date has included diagnostics, physical therapy, lumbar epidural steroid injections (most recently 5/14/2015), and medications. Currently (5/18/2015), the injured worker complains of persistent low back pain with radiation down the right leg, with weakness and numbness. Pain was rated 7-8/10. She reported that Norco reduced her pain from 8 to a 4. The use of Norco was noted since 2009. Recently she also got Lidocaine cream and reported that it really helped, reducing pain from 8 to a 4-5. Her gait was slow and antalgic, with cane assistance noted. She was currently not working. No aberrant behaviors were described. The treatment plan included continued medications. The PR2 report (4/27/2015) noted the use of Flexeril also, and prescriptions for Norco and Lidoderm. A follow-up visit (6/05/2015) noted overall improvement in pain, after second lumbar epidural steroid injection and starting physical therapy. Pain was not rated but 70-80% overall improvement was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 "4As" (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 to justify continuous use of Norco. Norco was used since 2009 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 is not medically necessary.