

Case Number:	CM15-0118279		
Date Assigned:	06/26/2015	Date of Injury:	06/06/2007
Decision Date:	07/27/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/18/2015

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:

This is a 60 year old male with a June 6, 2007 date of injury. A progress note dated June 3, 2015 documents subjective complaints (bilateral lower back pain; pain in the right buttock area; pain across the right groin; occasional spasms to the lower back; cramping in the right leg; pain rated at a level of 8/10 at its worst, 4/10 at its least, with a usual pain score of 5/10), objective findings (limited range of motion in the right foot/ankle due to foot drop; brace in place on the right foot, ankle, and lower leg; positive straight leg raise; diffuse tenderness of the lumbar facets; painful spinal range of motion; antalgic gait, favoring right lower extremity; decreased muscle mass in the right leg; unable to stand on toes or heels; decreased sensation at right L5 and S1 dermatomes of right lower leg and foot; decreased sensation to light touch at the right anterior thigh; right lower extremity weaker than left lower extremity), and current diagnoses (chronic pain syndrome; lumbar post laminectomy syndrome; lumbar disc displacement with radiculitis; lumbar muscle spasm; adjustment disorder with mixed anxiety and depressed mood; neurogenic bladder). Treatments to date have included lumbar spine fusion, medications, magnetic resonance imaging of the lumbar spine that indicated multi-level disc annular tear and bulging with severe neuroforaminal stenosis, caudal epidural steroid injection that reduced the lower back pain by 80% for one month but did not help the right leg symptoms, and electromyogram/nerve conduction studies that were negative for radiculopathy. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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 to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #360 is not medically necessary.