

Case Number:	CM15-0127018		
Date Assigned:	07/13/2015	Date of Injury:	07/30/2002
Decision Date:	08/07/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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 65 year old male patient who sustained an industrial injury on 07/30/2002. A primary treating office visit dated 12/22/2014 reported the patient receiving ongoing care for back injury. He is with subjective complaint of having back pain, low back pain and lumbar complaints. He is experiencing back stiffness throughout the entire spinal column. The pain does radiate down the bilateral lower extremities. Current medications were: Butrans 20mcg patches; Cymbalta; compound topical cream, Melatonin, Naprosyn, Neurontin; Norco 10/325mg; Prilosec, and Zanaflex. The assessment found the patient being status post facet neurotomy times four; most recent occurring 04/23/2014; fusion at L1-L5; L5-S1 in 2004: facet compromise; morbid obesity; substantial secondary myofascial pain in the area of L1-2, permanently left sided. The patient is permanent and stationary. A more recent primary follow up visit dated 06/12/2015 reported no change to the subjective/objective data; plan of care or the treating diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria of the 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 #240 is not medically necessary.