

Case Number:	CM15-0034917		
Date Assigned:	03/03/2015	Date of Injury:	06/25/2012
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/24/2015

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 59 year old male, who sustained an industrial injury on 6/25/2012. The diagnoses have included multilevel disc herniations of the cervical spine with moderate to severe foraminal narrowing, facet arthropathy of the cervical spine, severe facet arthropathy at L3-4 and lumbar radiculopathy. The injured worker was status post lumbar spine fusion at L4-5 and L5-S1. Treatment to date has included lumbar rhizotomy bilaterally at L3-4 on 5/1/2014, which provided him 50% improvement for about a month, medial branch block, epidural steroid injection (ESI), chiropractic manipulation and medication. According to the Primary Treating Physician's Progress Report dated 1/7/2015, the injured worker complained of ongoing neck and back pain. He reported increased pain since the last visit. At night, he experienced numbness radiating down his right upper extremity to the third, fourth and fifth digits. He was also experiencing intermittent sharp, shooting pain in the right Achilles tendon. He currently rated his pain as 7/10. He was taking Norco three times a day, which allowed him to be able to move around without pain. Physical exam revealed an antalgic gait and diffuse tenderness to palpation of the cervical, lumbar and thoracic spine. Authorizations were requested for medications including Norco. On 2/19/2015, Utilization Review (UR) modified a request for Norco 10/325mg #90 to Norco 10/325mg #45 for weaning. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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 return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.