

Case Number:	CM15-0063926		
Date Assigned:	04/09/2015	Date of Injury:	03/22/2012
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/03/2015

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 51 year old female who sustained a work related injury March 22, 2012. Past history included complex regional pain syndrome, right lower extremity, right foot neuroma, s/p right mid foot fusion with persistent nonunion, pulmonary embolism (2/13/2015) on Coumadin. According to an interventional pain management physician's follow-up, dated February 19, 2015, the injured worker presented with cervical spine and lumbar spine pain, rated 8/10. The cervical pain is described as constant throbbing, sharp and radiating into the bilateral shoulders and down to the hands with weakness, numbness and tingling sensation. The lumbar spine pain is described as constant, achy, and throbbing, and radiating to the right leg and down to the toes with weakness, numbness, and a tingling sensation. She underwent a right L3-L4 lumbar sympathetic block January 17, 2015, with no relief. Physical examination revealed an antalgic gait on the right and unable to perform heel-toe walking on the right and performed with difficulty on the left. Diagnoses included cervical spine disc disease and radiculopathy; cervical facet syndrome; right shoulder impingement; lumbar spine disc disease and radiculopathy; lumbar spine facet syndrome; right sacroiliac joint facet arthropathy; s/p open reduction internal fixation of the right foot. Treatment plan included discontinue use of Soma and placed on Flexeril, pending neurological consultation, requesting authorization for pulmonary specialist, continue with psychiatrist, and refill Norco 10/325mg (1) by mouth twice a day every 4-6 hours #180, Xanax, Gabapentin, and increase Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg q 4-6 hrs #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-79 and 124.

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 improvement of activity of daily living. There is no documentation of compliance or monitoring of side effects of opioids. Therefore, the prescription of Norco 10/325mg q 4-6 hrs #180 is not medically necessary.