

Case Number:	CM15-0065729		
Date Assigned:	04/13/2015	Date of Injury:	10/30/1998
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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 55 year old male, who sustained an industrial injury on 3/30/15. He has reported initial complaints of low back pain after lifting heavy glass and twisting in an awkward position. The diagnoses have included chronic low back pain status post laminectomy and interbody fusion and status post lumbar laminectomy and discectomy. Treatment to date has included medications, diagnostics, physical therapy, sacroiliac joint injections, heat application, spinal surgery, home exercise program (HEP), and work modifications. The diagnostic testing that was performed included x-rays of the lumbar spine, Magnetic Resonance Imaging (MRI) of the lumbar spine, and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Norco and Soma. Currently, as per the physician progress note dated 3/18/15, the injured worker complains of continued low back pain. He also complains of pain and weakness that extends down the right lower extremity (RLE). The pain was rated 9/10 on pain scale without medications and decreased to 4/10 with use of medications. He reports improved functionality with use of medications. The objective findings for the lumbar spine exam revealed well healed incision site, tenderness to palpation, muscle spasm, decreased sensation, and diminished Achilles reflex. The physician noted that he would re-fill medications, he was scheduled for Magnetic Resonance Imaging (MRI) of the lumbar spine and he was to continue with home exercise program (HEP), and return in 4 weeks. The physician requested treatment included Norco 10/325 mg Quantity of 60 for the chronic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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 #60 is not medically necessary.