MAXIMUS Federal Services

Case Number:	CM15-0073154		
Date Assigned:	04/23/2015	Date of Injury:	04/04/2008
Decision Date:	05/20/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/16/2015

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 61 year old male with an industrial injury date of 04/04/2008. His diagnoses/impression included chronic pain syndrome, lumbar post laminectomy syndrome, dysthymic disorder, lumbar degenerative disc disease, lumbar radiculopathy and low back pain. He presents on 02/04/2015 with complaints of low back and leg pain. He has a fractured patella. Pain is rated as 9/10 without medications and 4/10 with medications. Physical exam of the lumbar spine revealed diminished sensation in the lower legs bilaterally. There was tenderness over the paraspinals with limited flexion and extension due to increased pain. The treating physician documents medications are helpful and well tolerated allowing the injured worker to do work on his property, and to do more things with his family. MRI of the lumbar spine report is documented in this note. The provider documents urine toxicology is consistent with what is prescribed, CURES report demonstrated he was getting his medications from one provider and opiate agreement is signed. The plan of treatment included pain management with opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 mg, 120 count: Upheld

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

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 objective documentation of pain and functional improvement. There is a documentation of compliance of the patient with his medications. An attempt to wean the patient from Norco should be performed as the patient is responding; there is no justification for continuous use of opioids. Therefore, the prescription of Norco 10 mg, 120 count is not medically necessary.