

Case Number:	CM15-0074663		
Date Assigned:	04/24/2015	Date of Injury:	08/31/2009
Decision Date:	05/21/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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 59-year-old male, who sustained an industrial injury on 8/31/09. He reported initial complaints of lower back. The injured worker was diagnosed as having herniated nucleus pulposus lumbar spine. Treatment to date has included chiropractic therapy; acupuncture therapy; physical therapy; medications. Diagnostic studies include MRI lumbar spine (11/18/09). Currently, the PR-2 notes dated 4/1/15 indicates the injured worker complains of increased lower back pain. The pain is aggravated with prolonged sitting, standing and walking. The injured worker is not working and denies any new injuries since the last office visit. He is currently taking Norco for pain, Soma for muscle spasms and Ibuprofen for swelling and inflammation as needed. He states he uses these medications rarely maybe one to two a month for severe pain only. The last prescription was close to a year ago; no side effects were noted. Overall, he is noting functional and pain improvement with a scale of 6/10 with medications and 9/10 without medications. He notes improvement with activities of daily living as well as increased ability to sit, stand and walk as a result of his current medications usage. Objective findings and physical examination document tenderness over the lumbar spine with activity range of motion: flexion 40 degrees, extension 20 degrees and lateral bending at 20 degrees bilaterally. The provider has requested Norco 10/325mg quantity 100 and no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-79 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 quantity 100 is not medically necessary.