

Case Number:	CM15-0078241		
Date Assigned:	04/29/2015	Date of Injury:	06/07/2013
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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 33 year old male patient who sustained an industrial injury on 06/07/2013. A primary treating office visit dated 04/01/2015 reported the patient with subjective complaint of having a flare up of low back pain, neck, bilateral shoulder pains. He reports having had lost some weight secondary to changed eating habits and exercising; feels better. The medications do help with the pain and allow some function of daily activity; especially Norco with exercise. The patient also uses a transcutaneous nerve stimulator unit. He is diagnosed with: lumbar strain/sprain; shoulder strain/sprain; ankle sprain; cervical strain/sprain; headache, and depression. The plan of care involved: obtaining radiographic results, neurological referral, continue with current medications, and exercise program, and refilled Norco and Naprosyn. A primary treating office visit dated 11/13/2014 reported chief complaints of feeling better, less depressed mood. He presents with irritability, depression, avolition, decreased libido and concentration, and admits to ahypnopompic hallucinations. The following diagnoses are applied: posttraumatic stress disorder; major depressive disorder; chronic pain, obesity, physical injury disability, financial hardship. The plan of care involved: continue with medications: Effexor, Trazadone, Seroquel, Prazosin, continue with group therapy, continue with transcranial magnetic stimulation, dietician consultation, and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

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's file, the patient did return to work and stated that his pain was moderate with medication. However, there is no clear evidence of significant functional improvement with the long use of Norco. In addition, there is no documentation on recent UDS report presented in order to assess for aberrant behavior nor an updated and signed pain contract. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.