

Case Number:	CM15-0093155		
Date Assigned:	05/19/2015	Date of Injury:	01/28/2008
Decision Date:	06/19/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/14/2015

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 was a 45-year-old male, who sustained an industrial injury, January 28, 2008. The injury was sustained while the injured worker was carrying heavy equipment up stairs. The injured worker previously received the following treatments Cyclobenzaprine, Norco, Lyrica, Amitriptyline, Atorvastatin and Metformin, cervical spine MRI and lumbar spine MR. The injured worker was diagnosed with lumbar facet syndrome, lumbar radiculopathy, lumbar spondylosis, lumbar spinal stenosis and lumbar degenerative disc disease. According to progress note of April 24, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain 7 out of 10 with pain medication and 8 out of 10 without pain medication. The physical exam noted the injured worker had a right sided antalgic gait, does not use an assistive device. The physical exam of the lumbar spine noted restricted range of motion to the left limited to 25 degrees and lateral rotation was limited to 25 degrees. The straight leg test was negative bilaterally. The injured worker was able to heel walk, but unable to toe walk. The lumbar facet loading was positive bilaterally. There was tenderness noted over the right piriformis. The injured worker use Norco for moderate to severe pain. The straight leg raises was positive on the right. The treatment plan included retrospective prescription for Norco.

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 30 (retro DOS 3/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 48, 78, 80-81.

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, Norco was used for longtime without documentation of significant functional improvement. In addition, the patient not only has been getting his medications from multiple prescribers but also his UDS dated November 7, 2014 tested positive for an unprescribed opiate (Oxycodone). Therefore, the prescription of Norco 10/325mg #30 is not medically necessary.