

Case Number:	CM14-0141254		
Date Assigned:	09/10/2014	Date of Injury:	03/12/2010
Decision Date:	10/23/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old female who sustained an injury on 03/12/10. On 07/18/14, she presented with complaints of constant low back and right leg pain. She continues to have stabbing pain with numbness into her calf with certain activities. She rated her pain as 9/10 without medications and 5-6/10 with medications. On exam, sensation was decreased on the right lower extremity L4-L5 dermatome; it was tender to palpation bilaterally over sciatic notches and sacroiliac joints. Patrick's and Gaenslen's were positive on the right. Also there was tenderness over the paraspinals with related myofascial restrictions. Current medications include Hydrocodone/Acetaminophen, Naproxen Sodium, Omeprazole, Loestrin, Carisoprodol, and Levothyroxine. She indicated that Norco with Naproxen gave her good results; Soma and Omeprazole also helped her. Urine screen drug in May 2014 showed amphetamine and barbiturate, but no opiates. Diagnoses includes lumbar radiculitis, chronic pain syndrome, myalgia and myositis, unspecified, numbness, sacroiliac joint pain, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago. There was no documentation available for review of diagnostic studies. The request for Norco 10/325mg 1 tab 3 times a day as needed #90 was denied on 08/14/14 due lack of medical necessity guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab 3 times a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 74, 91.

Decision rationale: Per guidelines, Norco (Hydrocodone and Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers 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 guidelines state continuation of opioids is recommended if the worker has returned to work and if the worker has improved functioning and pain. In this case, the medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs, and there is no mention of ongoing attempts with non-pharmacologic means of pain management such as physical therapy or home exercise program. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function specifically with prior use of this medication to demonstrate the efficacy of this medication. Furthermore, the urine drug test was not consistent with prescribed Norco, showing non-compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.