

Case Number:	CM13-0043999		
Date Assigned:	12/27/2013	Date of Injury:	06/15/2011
Decision Date:	04/29/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 42-year-old male who was injured on June 15, 2011. The patient continued to experience left knee pain and low back stiffness. Physical examination was notable for tenderness to palpation with spasm and muscle guarding to the paraspinal muscles and positive straight leg raise in the left lower extremity. Diagnoses included status post lumbar spinal fusion and left knee patellofemoral arthralgia. Treatment included medications, physical therapy, and lumbar fusion. Documentation from March 2013 states that the patient was supposed to be weaning from Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96,124.

Decision rationale: Norco is the compounded medication containing Hydrocodone and acetaminophen. The Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Criteria for use include establishment of a treatment plan,

determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and an opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1-2% of patients with overdose. The recommended dose for mild to moderate pain is 650-1000mg orally every four hours with a maximum of 4g per day. In this case the patient had been using Norco since at least March 2013. At that time he was using 120 Norco 10/325mg tablets monthly. The request for Norco is decreased to 90 tablets 6 months later. Weaning of opioid medications, at its slowest, should be done as a slow taper of at least 10% every 2-4 weeks. In this case the patient had decreased his dosage by 25% over 6 months. The process of weaning is much slower than that recommended by MTUS. The request is noncertified.