

Case Number:	CM14-0009033		
Date Assigned:	02/12/2014	Date of Injury:	06/09/2001
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty 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:

This is a male patient with the date of injury of June 9, 2001. A utilization review determination dated January 13, 2014 recommends non-certification of 1 prescription of Norco 10/325mg #240 with 4 refills. The previous reviewing physician recommended non-certification of 1 prescription of Norco 10/325mg #240 with 4 refills due to lack of documentation of a rationale for the use of an opiate to treat excessive daytime somnolence resulting from narcolepsy or obstructive sleep apnea. A Follow-up report dated December 12, 2013 identifies Subjective findings of narcolepsy whose inappropriate daytime somnolence is treated with Norco as he has a paradoxical response to this as it causes him to be more active and sleepless. Physical Examination identifies spasm and tenderness to palpation of the paraspinal musculature. The back range of motion was limited. Assessment and Plan identifies s/p TBI with secondary OBS and frontal lobe system, OSA, pituitary insufficiency manifest by no TSH and need for thyroid, epilepsy, narcolepsy, lumbar radiculopathy, and increased somnolence, rule out seizures. Authorization for Norco 2 every 6 hours to keep him awake.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240 WITH FOUR (4) REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Billiard M, Dauvilliers y, Dolenc-Groselj L, Lammers GJ, Mayer G, Sonka K. Management of narcolepsy in adults, In Gilhus NE, Barnes

MP, Brainin M, editor. European handbook of Neurological Management, 2nd Edition, Volume 1, Oxford(UK), Wiley-Blackwell, 2011, pages 513-528.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18,).

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it's noted that Norco is requested to keep the patient awake. However, there are no indications or guidelines recommending Norco in the management of narcolepsy. In addition, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.