

Case Number:	CM14-0010909		
Date Assigned:	02/21/2014	Date of Injury:	10/16/2000
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 47 year old male who sustained a work related injury on 10/16/2000. Per the Secondary Treating Physician's Progress Report dated 10/09/2013, the patient continues to 'complain of frequent neck pain, 6-7/10 with radiation to the bilateral upper extremities, right worse than left, as well as numbness and tingling. He also complains of frequent low back pain, rated 7-8/10 with radiation to the bilateral lower extremities associated with numbness, tingling and electric sensation'. Additionally, he also complains of stress and insomnia. He notes that his neck and low back pain feels the same since his last visit (with this same statement on his 11/06/2013 report). His physical examination documents 'lower extremity motor strength is 5/5, bilaterally, 'Lumbar spine range of motion is decreased' in all planes of motion. The patient's listed diagnoses includes disc herniation at C4-5 w/ severe stenosis, T10-L1 with stenosis, disc protrusions at C5-C7 and L2-4, L4-5 with spinal stenosis, facet hypertrophy at L4-5, L5-S1, C5-7 and T12-L1 radiculopathy, severe bilateral distal peroneal neuropathy, Chronic pain syndrome and Neuropathic pain of the bilateral upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QUANTITY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AIN INTERVENTIONS AND TREATMENTS, Page(s): 75,88,91.

Decision rationale: Short-acting opioids also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Hydrocodone/Acetaminophen (Anexsia®, Co-Gesic®, Hycet™; Lorcet®, Lortab®; Margesic-H®, Maxidone™; Norco®, Stagesic®, Vicodin®, Xodol®, Zydone®; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. It is documented under the patient's treatment plan from Secondary Treating Physician's Progress Report dated 10/09/2013: Norco 10/325 one tablet po q 4-6H prn for pain #120 - "Per Chronic Pain medical Treatment Guidelines, MTUS" "Opioids for chronic pain: Recommendations for general conditions: Recommended on a trial basis for short-term use there has been evidence of failure of first-line medication options such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) when there is evidence of moderate to severe pain." (Page 80 of 127). This statement directly contravenes two previous expectations of weaning the patient from this medication as documented on the Utilization Review dated Jan 15, 2014 (with a previous statement of need for weaning on the 11/6/13 Utilization Review provided for this Independent Medical Review). Although the patient is prescribed Norco as documented by the patient's provider on 10/9/2013, the patient's urine drug screen dated 11/06/2013 does not detect codeine, morphine or hydrocodone, although it is documented 'Test result is expected with prescribed medications'. None of the expected documentation as directed by the MTUS guidelines is met regarding functionality, pain reduction or improvement in quality of life. The patient's medical provider needs to heed the advice and expectation of the three previous Utilization Reviews for the medication in question and cease requesting Norco for the patient's pain management. If weaning has not been performed, then a request for in-hospital addiction medicine / detoxification needs immediately requested. Therefore, the request for Norco 10/325mg is not medically necessary.