

Case Number:	CM14-0018601		
Date Assigned:	04/18/2014	Date of Injury:	08/23/2007
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/13/2014

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:

This is a 55-year-old male with a date of injury on 8/23/2007 when he was up on a roof of a building and fell through a hole in the roof falling approximately 20 feet onto the concrete floor, landing on the right side of his body. As a result of his injuries, he was hospitalized and required a chest tube for a right hemopneumothorax. Since that time, he has experienced pain along the right side of his body and ultimately underwent right pelvic open reduction with internal fixation (2007), right wrist (2009) and right shoulder surgery (2009). In particular, the patient has experienced ongoing lumbar, sacroiliac, hip pain and headaches. He has diffuse tenderness over the lumbar paraspinal musculature with moderate facet tenderness. On physical examination he has a decreased range of motion of the lumbar spine, positive provocative testing of his right sacroiliac joint and reduced range of motion of the right hip joint. On neurological examination he has a decreased sensation along the L5 dermatome with positive straight leg raise seated and supine. Imaging studies clearly demonstrate intervertebral disc protrusions from L2-L3, to L5-S1. He is currently taking Hydrocodone (10/325) for pain management (and has taken Norco since February of 2013 or December 2012 depending on which medical documentation is reviewed) with reduces his pain from 8/10 to 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #60: Upheld

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

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

Decision rationale: Opioid Classifications: Short-acting/Long-acting opioids: 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. Previous Utilization Reviews have addressed the need to document the patient's functionality as part of the assessment of his medication use. None of the progress reports provided contain this information. Additionally, Norco is not listed as a medication the patient was taking on the progress reports dated 12/4/13 and on 1/15/14. However, 'Hydrocodone 375mg X 3' is listed as a medication on progress report dated 2/26/14 with Norco 10/325 listed as a medication as part of the treatment plan on progress report dated 3/19/14. When taking into consideration that previous Utilization requests have addressed medication dependence and not authorized continuance based upon the concern for dependence, not having documented functionality or performed a functional assessment and also the fact that there is no 1 opioid pain contract, I find that the continued use of this medication and the request is not medically indicated and medically necessary.