MAXIMUS Federal Services

Case Number:	CM14-0152973		
Date Assigned:	09/23/2014	Date of Injury:	03/25/2008
Decision Date:	10/29/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 & 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:

The patient is a 49-year-old female who was injured on 3/25/2008, when she slipped and fell on a mat at work. Prior treatment history with medications as of 1/9/2014 indicated the patient has done well with Opana ER, Norco, and Flector patch for her pain. Saliva drug screen from 3/3/2014 was consisted with prescribed analgesics without any evidence of illicit drug use. There are no other toxicology reports submitted for review. Progress report dated 9/24/2014; indicated patient continues to experience pain in the right hip and right leg, which she describes as shooting stabbing pain. She also has pain in the left knee and outer left foot which she relates to compensation from her altered gait. She continues to experience tender neck which she developed after a fall from her legs being weak. Overall, she rates her pain 7/10 on the VAS. The patient receives significant pain relief with Opana ER and Norco for breakthrough pain. The medication has brought the pain down from 10/10 to 5/10. The medication reduces her pain to a manageable level and enables her to think and function. The patient has been stable on this regimen. She attempted to taper down to 3 tablets of Norco daily, but she was unable to function. With the medication she is able to light cooking, light housework, showers and get dressed and do all of her activities of daily living. The medication allows her to sleep throughout the night without waking up frequently in pain. Objective findings during examination reveal that she is ambulating with an antalgic gait with the use of a single point cane. She had difficulty transferring from a deep seated position. There is moderate tenderness to palpation to the cervical paraspinal muscles and upper trapezius. There is moderate tenderness to palpation of the lumbar paraspinal muscles, right greater than left. There is limited range of motion of the right hip, left knee range of motion which is limited at the ends of range, mild to moderate tenderness throughout the knee with abrasion noted and mild tenderness to palpation of the distal 4th and 5th metatarsal bones of the left foot. The patient was diagnosed with chronic right hip

pain, status post arthroscopic surgery for labral tear, right lateral femoral cutaneous neuropathy, possible underlying lumbar radiculopathy, right knee pain status post fall, and cervical strain status post fall. The patient is also diagnosed with depression and anxiety related to chronic pain. According to the Modified Utilization Review, dated 9/18/2014, there was a request for "Norco 10/325, 120 to allow for weaning to no more than 120 med, or to off over the next 3 months" and this is modified to certify (The patient had been certified for taper in the past but has never started weaning off medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120 TO ALLOW FOR WEANING TO NO MORE THAN 120 MED OR TO OFF OVER THE NEXT THREE MONTHS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97.

Decision rationale: As per CA MTUS guidelines, Norco is a short-acting opioids recommended for chronic pain. They are often used for intermittent or break-through pain. The guidelines further indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients 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)." In this case, this patient has chronic right leg and hip pain and has been prescribed Norco with documentation of reduction in pain level, increased endurance, or functional improvement with the use of this medication with documented plan for tapering off the medication. Thus, the request is medically necessary.