

Case Number:	CM14-0157096		
Date Assigned:	09/29/2014	Date of Injury:	11/01/2002
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 Family Medicine, 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 54- year old has had multiple surgeries for L knee and ankle injuries sustained 11/1/02. There is no description of the mechanism of injury in the records. The patient changed providers to the current primary treater when he old primary treater elected to stop treating Workers' Compensation injuries. There are no records from the previous treater available. There are three progress notes from the current treater's office dated 7/9/14, 8/8/14, and 9/3/14. All three are signed by physicians' assistants. The 7/9 note describes the patient's average pain level as 6/10. With medication his level is 5/10, without medication it is 8/10. With medications he states he can perform simple chores around the house, and minimal outside activities 2 days/week. Without medication he is able to get dressed, perform minimal activities at home, and phone or e-mail his friends. There is documentation of a limited, entirely normal physical exam, which does not include the limbs. Medications include Norco 10/325 one every 4-12 hours for pain, (started on 6/23/14 at one three times per day); diazepam 10 twice per day as needed for spasms (started at same dose on 7/9/14); and Zolpidem 10 mg once or twice per week for insomnia (started 4/29/14 at the same dose). The 8/8/14 note is very similar. Average pain level is 8/10, with medications 8/10 and without 9/10. The levels of activity with and without medication are identical to those in the previous note. The 9/8/14 note states that the patient's average pain level is an 8/10. Pain level without medication is 9/10, and with it 6/10. The note states that on eventful days the patient must take 6 Norco per day, and the following day he is forced to recline a lot more and can get by with none, but then is much more sedentary. Activity levels noted with and without medications are identical to those in the previous 2 notes. There is a slightly more elaborate physical exam documented which still does not include the limbs. The discussion includes statements that the patient cannot imagine living or walking without Norco, and that currently he is able to go for a 35-minute walk with his dog, though he needs to elevate his leg

afterward. The provider states that the functional improvement with Norco is clear and the Norco needs to be approved in a timely manner. The progress note documents reasons that the provider feels the patient is not at risk for aberrant drug behavior, and quotes multiple MTUS and other references which she feels support the continued use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; Opioid Hyperalgesia Page(s): 76-77; 95.

Decision rationale: Norco 10/325 contains 10 mg of hydrocodone and 325 mg of acetaminophen. Hydrocodone is an opioid medication. Per the first MTUS guideline above, opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. Red flags indicating that opioid use may not be helpful should be identified, as should risk factors for abuse. Specific goals should be set, and continued use of opioids should be contingent on meeting these goals. Opioids should be discontinued if there is no improvement in function or if there is a decrease in function. Patients taking opioids sometimes develop abnormal pain, a change in pain pattern, or persistence in pain at higher levels than expected, which are actually a result of taking opioids. This is called opioid hyperalgesia. According to the last MTUS guideline cited above, opioid hyperalgesia should be screened for, as it actually may require weaning off opioids rather than increasing doses. The clinical findings in this case do not demonstrate compliance with the above criteria, and do not support the ongoing use of Norco. There is no documentation that specific functional goals were set and are being monitored. Although the treater states that the patient is able to walk his dog for 35 minutes if he uses Norco, it is not clear how often he does so, how often he did before he began Norco, and whether this activity is a functional goal. There is a formal statement in every progress note with regards to the patient's functional level with and without pain medication. Both levels indicate minimal ability to function, and neither has changed from 7/9/14 to 9/8/14. The patient has been totally disabled for a prolonged period, which implies a profound inability to engage in many functions. This has not changed. The patient's average pain level has increased from 6 to 8/10 over the same time period, which is not an argument that Norco is working. This raises the question of opioid hyperalgesia, for which no monitoring is documented. Based on the evidence-based references cited above, and the clinical findings in this case, Norco 10/325 #90 is not medically necessary, because there is no clear documentation of specific functional improvement due to its use, and because the possibility of opioid hyperalgesia has not been evaluated.