

Case Number:	CM14-0185729		
Date Assigned:	11/13/2014	Date of Injury:	03/11/2002
Decision Date:	12/19/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 injured worker has a date of injury of 3/11/02. The mechanism of injury is not described. The injury involved the low back and anterior interbody fusion and posterior fusion was performed at the L4-5 level. At this time he continues to complain of low back pain rated at 6-8/10 with radiation to both lower extremities. The records show that he has been on Norco on a continual basis since at least July 2012. The primary treating physician has requested refill of Norco 10/325 #120. The most recent utilization review modified the request to #60, to allow weaning off the medication or provision of appropriate documentation for continued use according to the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78 and 91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line

therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records do document some decrease in pain level from 7-8/10 to 6-7/10 with medications. The records do not provide review and documentation of functional status with objective functional improvement, side effects, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There has not been any documented attempt to decrease or wean medication over time. Recent utilization reviews have modified the request for Norco #120 to #60 in order to attempt weaning. No Pain Contract is noted. Appropriate documentation for continued use of Norco has been requested as part of previous utilization reviews. The documentation by the primary treating physician does not note how many tablets are used per day. The Agreed Medical Examination on 5/1/14 notes that he was using 5-6 tablets per day which appears to be more than the prescribed amount. Without the required documentation, the request for Norco (hydrocodone/acetaminophen) 10/325 #120 is not medically necessary.