

Case Number:	CM14-0026777		
Date Assigned:	06/13/2014	Date of Injury:	07/29/2010
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation 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 injured worker is a 61 year old male who reported an injury on 07/29/2010 due to a fall. The injured worker complained of neck pain that occasionally caused forearm pain (right greater than left) with spontaneous resolution. He also stated that he had been experiencing daily headaches. No measurable pain noted. Physical examination revealed that the injured worker was within normal limits. There was a lack of documentation showing objective and subjective findings on examination. The injured worker's past treatment consist of being under the care of a psychiatrist, physical therapy with traction, epidural steroid injections, acupuncture and medications. The injured worker's medications include Sentra PM #60 2 capsules every day at bedtime, Synovacin 500mg #90 1 capsule 3 times a day, Terocin New #120 apply small amount 2 times a day, Theramine 101.5mg #180 2 capsules in the am and 2 capsules before bed daily, Ambien 10mg #60 1 tablet at bedtime PRN, Norco 10/325mg and Flexeril 7.5mg 1 tablet 3 times a day. The treatment plan is for a retrospective request for Norco 10/325mg #180 dos: 12/17/2013. There was no rationale or request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS: 12/17/2013) REQUEST FOR NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78; 91.

Decision rationale: The request for retrospective request for Norco 10/325mg #180 dos: 12/17/2013 is not medically necessary. The injured worker complained of neck pain that occasionally caused forearm pain (right greater than left) with spontaneous resolution. He also stated that he had been experiencing daily headaches. The Chronic Pain Medical Treatment Guidelines state that refills are limited, and will only occur at appointments. Treatment compliance must occur for all other modalities enlisted, urine drug screens are required, the patient must acknowledge that they are aware of potential adverse effects of the use of opioids including, addiction. The guidelines require to cooperation of the 4 A's for Ongoing Monitoring: 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 nonadherent) 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). Dose recommendations for Norco, The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). 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. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The injured worker's submitted report had lack of evidence of treatment compliance, any side effects the injured worker might/might not be experiencing and any history of urinalysis testing. As such, the request for Norco 10/325mg #180 (dos: 12/17/2013) is not medically necessary.