

Case Number:	CM14-0032476		
Date Assigned:	04/11/2014	Date of Injury:	08/25/2009
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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, 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:

This is a female patient with a date of injury of August 25, 2009. A progress note dated January 14, 2014, identifies subjective complaints of bilateral neck pain, increased pain in the evenings and when awakens, also a pain level of 5/10 on the visual analog scale during the day and 7-8/10 on the visual analog scale at night. The patient's pain is worse with prolonged sitting, lifting, driving, lying down, and when sneezes. A urine drug screen done November 22, 2013, was noted to be consistent with the medications the patient takes. Her current medications include Skelaxin 800mg three times daily as needed for spasm, OxyContin 20mg three times daily, Lyrica 100mg twice daily, Prilosec 20mg once daily, Norco 10/325 every 6 hours as needed, and Arthrotec 50mg twice a day. Physical examination includes scarring of the neck, cervical spasms, tenderness with palpation of the paraspinal muscles of bilateral C2 through C7 facet joints, decreased cervical spine range of motion, positive cervical facet joint provocative maneuvers, nerve root tension signs were negative bilaterally, muscle stretch reflexes are 1 and symmetric bilaterally in all limbs, absent Hoffman's, Babinski's, and Clonus signs, and muscle strength is 5/5 in all limbs. Diagnoses include cervical sprain/strain, cervical facet arthropathy, and status post anterior cervical discectomy and fusion at C5-6. The treatment plan recommends that the patient schedule a consultation with a neurosurgeon, an increase of OxyContin to 30mg three times a day #90 with a statement that the OxyContin reduces the patient's pain by 75% and allows for the patient to participate in activities of daily living, refill for Norco 10/325 four times daily #120 with a statement that the Norco provides 100% improvement of her pain and allows for participation of the patient's activities of daily living, and a 4 week follow up visit to be scheduled. A progress note dated February 11, 2014, identifies subjective complaints of lethargy with OxyContin 30mg three times daily and that the patient has been taking 5-5 ½ Norco daily and will be out of Norco 5 days early. Physical examination was identical to the exam in the

previous progress note dated January 1, 2014. The treatment plan recommends decreasing the OxyContin back to 20mg three times daily, continuation of all of the patient's medications with refills requested, and a 4 week follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG PO QID, #120 WITH 0 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120,127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 10/325 four times daily #120, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential close follow-up is recommended, with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. The guideline recommendation is such that dosing should not exceed 120 mg oral morphine equivalents per day, except in rare circumstances after a Pain Management consultation. Furthermore, when using combination opioid products containing acetaminophen, aspirin, or ibuprofen, the dose limiting toxicity may be attributable to acetaminophen, aspirin, or ibuprofen respectively. The maximum amount of acetaminophen should be no more than 4 g/day. The documentation reviewed revealed that the patient is taking Norco 10/325 four times daily and OxyContin 20mg three times daily, totaling an equivalent oral morphine dose of 175mg per day. Within the documentation available for review, there is no documentation regarding side effects, and the patient is currently taking an equivalent oral morphine dose of 175mg per day exceeding the recommendation of 120mg per day or less, with no documentation indicating what extenuating circumstances have required this high dose. Additionally, the requesting physician has stated that the patient gets 100% relief with this medication, which is inconsistent with the ongoing need for stronger long acting medication in the form of OxyContin and a pain score of 5/10. Finally, there is concern regarding aberrant use of this medication as indicated by the patient taking more medication than prescribed and running out early. In light of the issues listed, the currently requested Norco 10/325 four times daily #120 is not medically necessary.