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| Case Number: | CM14-0039204 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 03/21/2003 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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, 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 patient with a date of injury of March 21, 2003. A utilization review determination dated March 13, 2014 recommends noncertification of Norco. A Utilization Review Treatment Appeal letter dated March 21, 2014 indicates that the patient continues to have low back pain radiating into his left lower extremity with weakness. He has not received any pain medication since January 29, 2014 and his pain has increased to 9/10 on the visual analog scale. The patient notes that Norco has been beneficial in the past. Physical examination findings reveal restricted range of motion in the lumbar spine with spasm and decreased sensation in the left L5 and S1 dermatomes. The note goes on to indicate that the patient has previously tried tramadol, morphine, and Kadian which were less beneficial when compared with the Norco. The patient does use gabapentin 3 times a day but does have drowsiness with increased dosage. Therefore, the use of Norco will prevent requiring escalation to higher doses of gabapentin. Additionally, the patient has undergone conservative treatment including chiropractic care, physical therapy, injections, and multiple lumbar surgeries with minimal benefit. The patient benefits from using Norco twice a day as needed and not on a regular basis. A progress note dated March 24, 2014 indicates that the patient's pain is "alleviated with use of medications." The note goes on to state that "even with use of medication he has a lot of pain." The note goes on to indicate "in the past we had discontinued his opioid medication as he was receiving narcotics from other providers." The note indicates that a DEA report was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), 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. Within the documentation available for review, there are some inconsistencies noted with regards to relief provided from the patient's hydrocodone. At one point, the requesting physician states that the patient's pain is alleviated with the use of medication, whereas a few sentences later, the note indicates that the patient has a lot of pain even with the use of medication. Additionally, there has been some aberrant behavior in the past as noted by the patient getting pain medication from a different physician. A DEA report has been observed to be consistent, but there is no indication that the patient has undergone a urine drug screen recently. Additionally, the requesting physician indicates that the patient's pain is 9/10 without the medication, but there is no comparison measure to identify what the patient's pain score might be with the medication. Furthermore, there is minimal documentation of functional improvement as a result of the medication. However, it does appear that this physician is trying to maintain conservative treatment, and that the patient has failed most other viable treatment options. He has stated that the medication improves the patient's pain, although this has not been thoroughly described. Therefore, the currently requested Norco 10/325 mg #60 should allow the requesting physician sufficient time to document the ongoing medical necessity of this medication if it is to be continued in the future. Therefore, the currently requested Norco is medically necessary.