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| Case Number: | CM14-0066213 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 12/16/2008 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 Internal Medicine, and is licensed to practice in California and Texas. 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 63 year old female who was injured on December 16, 2008. The mechanism of injury was not available in records reviewed. The diagnoses are listed as chronic pain syndrome secondary to injury, history of gastroesophageal reflux disease, history of hypertension, hypothyroidism, status post bilateral shoulder surgeries (date unknown), status post bilateral carpal tunnel surgery (date unknown), and status post gall bladder removal (date unknown). Current requested medication is Norco for which there is documentation of a signed pain contract dated May 26, 2012. However, there is no documented risk profile or attempt at weaning or tapering. There was no documentation of whether comorbid psychological conditions were assessed adequately including a possible referral to a psychologist or psychiatrist. Also lacking in the clinical documentation was a clear rationale for why opiates were chosen over other therapies for chronic non malignant pain. Finally, an appropriate assessment of the risk for misuse or abuse was not available in the records. The only elements relating to that aspect of opiate use were a drug screen showing lorazepam and hydrocodone in the patient's urine, as expected, and a pain contract signed by the physician and patient. An appropriate assessment of risk for misuse and abuse include gathering information from the patient about aberrant behaviors, comorbid conditions and functioning. A prior utilization review determination dated April 25, 2014 rendered partial certification of generic Norco 10/325mg #140 without refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): CHAPTER 4.5, SUBCHAPTER 1, ARTICLE 5.5.2.

Decision rationale: As detailed in the guidelines cited above and in the utilization management decision documentation rendered previously there exists sophisticated and extensive guidance for the use of opiates for the treatment of chronic pain. Other therapies are much more effective, safer and associated with better evidence for this purpose. First line treatment for chronic non-malignant pain are recommended. Chief among such therapies are anti-epileptic medications such as gabapentin and pregabalin, and anti-depressants such as amitryptiline, duloxetine and venlafaxine. The medical documentation contains no information regarding any attempts to utilize these therapies in an adequate fashion before turning to opiates for the treatment of this injured person's chronic non malignant pain. Norco 10/325mg #140 is not medically necessary.