

Case Number:	CM14-0070031		
Date Assigned:	06/27/2014	Date of Injury:	01/16/2014
Decision Date:	09/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/02/2014

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 patient is a 25 year old female who was injured on 01/16/2014 when she fell off a stool landing onto her right ankle, twisting it and falling onto her right wrist. Prior medication history included cyclobenzaprine 7.5 m, hydrocodone-acetaminophen 2.5/325 mg, Methoderm Gel; and Quazepam 15 mg. Progress report dated 02/13/2014 documented the patient to have complaints of low back pain, right upper extremity pain, right lower extremity pain and right knee pain. She stated the pain has stopped her from going to work. She utilizes a cane for ambulation. On exam, there is tenderness over the lateral and medial malleoli and anterior ankle. There is tenderness over the thoracic paravertebral muscles with spasm. There is tenderness over the inferior joint line and medial, inferior and lateral joints over the right knee. Her sensation is decreased over the left L4 and L5 dermatome to pinprick, light touch and temperature. She is diagnosed with right ankle arthropathy, lumbar radiculopathy, right knee pain and reactive sleep disturbance. She is recommended for MRI of the lumbar spine and right ankle. She was provided Norco 2.5/325 mg for breakthrough pain and Flexeril. Prior utilization review dated 03/12/2014 states the request for 30 Tablets of Hydrocodone 2.5-325 mg; once a day for symptoms related to low back, right wrist, right knee and right ankle injury is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Hydrocodone 2.5-325 mg; once a day for symptoms related to low back, right wrist, right knee and right ankle injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/> Low Back Disorders; Table 2, Summary of Recommendations, Hand and Wrist Disorders Wrist Sprains.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid , Hydrocodone Page(s): 74-80.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 non-adherent) 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)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.