

Case Number:	CM14-0078540		
Date Assigned:	07/18/2014	Date of Injury:	11/19/2012
Decision Date:	09/09/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old man who sustained a work-related injury on November 19, 2012. The patient sustained a right femoral fracture for which he underwent surgery. The patient continued to have chronic right femoral pain. His physical examination performed on November 15, 2013 showed the right thigh tenderness with painless range of motion. The patient had antalgic walk. He CT scan demonstrated persistent radiolucency. The patient was treated with injections, surgery, physical therapy and bone stimulation. According to a note dated on February 13, 2014 the patient was treated for both status post nonunion repair. His physical examination demonstrated the minimal none upon working, full range of motion of his hip. Radiographs performed at the time of the examination demonstrated callus formation progression at the nonunion site. The patient was doing well and advancing activities and his symptoms improved significantly since surgery. The provider requested authorization to use Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) Norco 10/325mg #60 2/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Criteria for use of opioids, page(s) 76-79> Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, (b) The lowest possible dose should be prescribed to improve pain and function, (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is a significant improvement of the patient condition. There is no report of severe pain that requires continuous use of Norco. Therefore, the prescription of NORCO 10/325 mg is not medically necessary.