

Case Number:	CM14-0083931		
Date Assigned:	07/21/2014	Date of Injury:	09/07/2005
Decision Date:	10/20/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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:

This is a 55-year-old male who sustained injury on 09/07/2005. The mechanism of injury is unknown. Medication treatment history includes Norco (at least since June 2013), OxyContin, Gabapentin, Cymbalta, Lunesta, Omeprazole, Docusate Sodium, and Soma. Other treatment history includes physical therapy, injections, walker/cane, back brace, ice, and home exercise program (HEP). A urine drug screening report dated 03/26/2014 indicates prescribed medications were Hydrocodone, Oxycodone, and Carisoprodol. The results were consistent for Hydrocodone, Hydromorphone, Norhydrocodone, Oxycodone, Oxymorphone, Carisoprodol, and meprobamate. The result was inconsistent for 9-carboxy tetrahydrocannabinols. A progress report dated 05/13/2014 indicates he presented with low back pain. He continues to find his medications helpful and well tolerated, including Norco for breakthrough pain, OxyContin for chronic pain, Gabapentin for neuropathic pain, Cymbalta for depression due to chronic pain, Lunesta for difficulty sleeping due to chronic pain, and soma for muscle spasms due to chronic pain. He would like a refill of Norco, soma and OxyContin today. He rated his pain as 9-10/10 on the VAS without pain medications and a 3-4/10 with pain medications. Pain is worse with sitting, bending, and lifting. Pain is better with sitting, standing, lying down, medications, and physical therapy. He continue to use his walker or cane, back brace, ice, and HEP as they help to reduce pain as well. Pain is better since his last appointment. He denies any new symptoms or neurological changes. Physical exam showed gait antalgic, using a cane. A lumbar spine exam showed sensation was intact, decreased sensation over left leg laterally. Sciatic notches are pain free to palpation. Sacroiliac joints are non-tender. There was tenderness over the paraspinal and decreased range of motion due to severe pain. Straight leg raise tests elicit low back pain bilaterally. UR dated 05/28/2014 indicates that the request for Norco 10/325 mg #180 was

denied because the submitted medical records did not reflect a meaningful improvement in pain or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 10/325 MG, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-94. Decision based on Non-MTUS Citation OxyContin package insert (Purdue Pharma)

Decision rationale: This case involves a patient with chronic pain following lumbar spine surgery. The patient has been treated with opioid pain medications for an extended time period. Treatment has consisted of Oxycontin (60mg every 8 hours) as well as Norco (10mg Hydrocodone/325mg APAP). The patient is also taking Soma (Carisoprodol 350mg every 12 hours), a centrally acting agent. Short acting opioid agents are indicated only for breakthrough episodes and not for scheduled treatment. Nonetheless, it appears that this patient is taking Norco on a continuous basis. Pain management principles relating to the management of breakthrough pain suggest that if a medication is used for more than 3 breakthrough episodes daily, that dose adjustment or a change in medication is indicated. This patient is already on high doses of a long acting agent, raising concerns regarding the appropriateness of the current treatment regimen. Norco as presently prescribed is not medically indicated or justified. If in fact the patient is utilizing this medication for breakthrough episodes, then no more than 60 tablets could be considered as medically appropriate. The documentation in this case however fails to indicate that this is the case. As a result, the medication Norco is not felt to be medically necessary. The treating physicians are counseled to address medication usage with a goal to reduce the patient's overall opioid load so as to reduce opioid induced hyperalgesia and progressive tolerance. Therefore the request is not medically necessary.