

Case Number:	CM14-0087736		
Date Assigned:	07/23/2014	Date of Injury:	02/03/1999
Decision Date:	09/30/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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 Medicine 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 57 year old female who sustained an industrial injury on 2/03/1999. According to the 4/14/2014 report, the patient presents for follow-up visit. She is upset regarding the clinic refill policies, feels she is being deemed an addict. The physician states she felt she has been compliant and he was prepared to continue her medication. After explaining about external legal requirements, she was calmer. She describes increasing pain with some radicular symptoms down the right side. She also still has pain in her knee along the joint line consistent with internal derangement. Current medications are baclofen 10 mg bid, valium 10 mg at bedtime, Duragesic 25mcg/hr 1 patch every 72 hours as needed, Lexapro 20 mg 1 daily, and Norco 10/325 mg tid (3 time a day) #90 2 refills: 2. Objective findings document 157/71 mm Hg, 87 bpm (beat per minute), and pain index: 3. Diagnoses are degeneration of lumbar disc, chronic pain syndrome, depressive disorder NOS, and unspecified arthropathy, shoulder region. Requested services are MRI of right knee and lumbar spine, Norco 10/325 po tid (per mouth 3 times a day) with 2 refills, shower chair, and return in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/Acetaminophen) 10/325mg tablet #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco is an "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. The medical records indicate the patient has been maintained on opioids for years. The 4/14/2014 report documents complaint of increasing pain with some radicular symptoms. There are no objective examination findings provided in the report. The medical records do not reflect there has been any significant improvement in pain level or functional capacity. One criterion for ongoing chronic opioid use includes: Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. However, the medical records do not reflect there has been any notable benefit with ongoing use. The guidelines states opioids should be discontinued if there is no overall improvement in function. In the absence of documented significant improvement of pain and function with Norco, the request is not medically necessary according to the guidelines. The medical records fail to establish ongoing use of Norco is appropriate and clinically indicated. Therefore, the request of Norco (Hydrocodone/Acetaminophen) 10/325mg tablet #90 is not medically necessary and appropriate.