

Case Number:	CM14-0126410		
Date Assigned:	08/13/2014	Date of Injury:	04/29/2011
Decision Date:	03/03/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 sustained a work related injury on April 29, 2011. The exact mechanism of the work related injury and body parts involved was not included in the documentation provided. The Primary Treating Physician's report dated June 17, 2014, noted the injured worker with bilateral low back pain. Physical examination was noted to show tenderness upon palpation of the lumbar paraspinal muscles, with restricted by pain lumbar range of motion in all directions, with lumbar discogenic provocative maneuvers positive. The differential diagnoses were noted as lumbar sprain/strain, central disc protrusion at L5-S1 measuring 3mm, central disc protrusion at L1-L2, L2-L3, L3-L4, and L4-L5 measuring 2mm, lumbar degenerative disc disease, and lumbar facet joint arthropathy. The Physician noted that the injured worker was provided with a prescription for hydrocodone 10/325mg as it provided 80% decrease of the injured worker's pain, with 80% improvement in the activities of daily living, and allowed the injured worker to work full time. The Physician noted there was an up to date pain contract and the previous urine drug screen was consistent. The Physician requested authorization for Norco 10/325mg #120 with two refills. On July 22, 2014, a Comprehensive Medical-Legal Evaluation Report was completed for the injured worker's Norco, which was modified and denied. A June 17, 2014, urine drug screen was noted to be consistent with medications. The Physician noted the medication decreased the injured worker's Oswestry Disability Index score from 37 (74% disability) to 19 (38% disability), and allowed the injured worker to work full time. The injured worker was noted to be unable to perform the job full time on modified duty without the medication. The medication was noted to have no adverse effect on the injured worker, who

showed no aberrant behavior with the medication. The Physician requested authorization for Norco 10/325mg #120 with two refills. On July 29, 2014, a Utilization Review evaluated the request for Norco 10/325mg #120 with two refills, citing the MTUS. The exact referenced citation was not included in the documentation provided. The documentation provided failed to include the UR Physician's recommendation and clinical rationale in its entirety. The UR Physician had noted that a modified certification dated June 30, 2014, was for Norco 10mg #60 with one refill. The UR Physician also noted that there had been prolonged use without change in function for two years on modified duty and questioned the consideration of a weaning process. The UR Physician questioned the actual use of the medication since there had been reference to use after an eight hour shift versus a prescription/ request for four times a day as needed, and a question as to past work up and treatment particularly in regards to other non-opioid medication and other self-directed pain modulation techniques such as home exercise program, stretching and modalities such as heat, ice, electrical. The request for Norco 10/325mg #120 with two refills was not medically necessary, and was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 W/2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion reporting improved pain intensity or function with this specific medication, how long the benefit from this specific medication lasted, how often it was used, an exploration of possible negative effects, or an individualized risk assessment. In the absence of such evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg with two refills is not medically necessary.

Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation and because the worker was taking this medication 'as needed,' an individualized taper should be able to be completed with the medication the worker has available.