

Case Number:	CM14-0186269		
Date Assigned:	11/14/2014	Date of Injury:	02/02/2011
Decision Date:	03/09/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/08/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 is a 58-year-old female, with a reported date of injury of 02/02/2011. The results of the injury were left knee and left leg pain. The current diagnoses include left knee pain, complex fracture of the left tibia with instrumentation, and a sprained left ankle. The past diagnoses include left knee pain, complex fracture of the left tibia with instrumentation, and a sprained left ankle. Treatments have included Ultracet, which no longer helped, Motrin 800mg, which did not help, and Voltaren gel. The medical records provided for review include a laboratory requisition. The date of the requisition is illegible. The progress report dated 09/23/2014 indicates that the injured worker continued to have knee pain. She stated that the pain has been worsening, and that she has not been able to continue working. The injured worker also complained of pain in the left hip. She received some relief with the medication. The injured worker took one Norco tablet in the morning and two tablets at night, which helped her to sleep. Due to the knee pain, the injured worker fell, and had difficulty going up and down stairs. The objective findings included swelling over the left mid shin over the surgical scar; some swelling and tenderness across the left knee joint line, medial and lateral aspects; and crepitus with flexion and extension. The treating physician indicated that the injured worker had about 30% relief with the Norco, it increased her function, and she was able to do her daily chores. It was noted that the Norco decreased the injured worker's pain rate, and gave her the ability to take a shower, get dressed, and get on with her day. The injured worker's condition was permanent and stationary. On 10/09/2014, Utilization Review (UR) denied the request for Norco 2.5/325mg #180 three (3) times a day. The UR physician noted that there was no

documentation that the prescription was given by a single physician and filled by a single pharmacy; monitoring of behavior and periodic urine testing; and that the injured worker was unable to tolerate the generic form. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been taking the Norco since at least April 2014. The patient was also taking the opioid tramadol. She achieved partial analgesia with this regimen. However there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.