

Case Number:	CM14-0194457		
Date Assigned:	12/02/2014	Date of Injury:	07/19/1995
Decision Date:	01/16/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of July 19, 1995. A utilization review determination dated November 10, 2014 recommends modified certification of Norco. Modified certification is recommended due to lack of documentation of improved function as a result of the medication. A letter dated November 17, 2014 requests an appeal for the modified certification of Norco. The patient states that she has improved functioning and pain relief with the medication in accordance with her physician's examination and written reports. Without the medication, the patient is unable to tolerate her pain and requires hospitalization. She states that she is able to get out of bed and walk as a result of the medication use. She indicates that other modalities to treat her pain including physical therapy, massage, and adjuvant medications have been denied. A progress report dated November 5, 2014 identifies subjective complaints of significant pain in the low back with radiculopathy. Without medication the pain is intolerable and unable to be rated. With medication, the pain is 2-6/10. The patient indicates that she has excellent pain control without any adverse effects from the Norco. The treatment plan recommends continuing Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325 mg #90 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the pain medication improves the patient's pain. Additionally, the patient has indicated that the medication improves her function as well. No side effects have been noted. It should be acknowledged that there is minimal documentation regarding discussion about aberrant use, opiate agreement, urine drug screens, or queries of the state database for prescription medications. Additionally, the current request for 11 refills (which equates to a one-year prescription of Norco) is inconsistent with guidelines recommendations to closely monitor and adjust these medications as needed. The open-ended prescription for one year's worth of a schedule 2 controlled substance medication does not allow for dose adjustments based on side effects, changes in the patient's condition, or identification of aberrant use. Unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.