

Case Number:	CM14-0194772		
Date Assigned:	11/24/2014	Date of Injury:	12/11/2003
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 59-year-old woman with a date of injury of 12/11/2003. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/23/2014 and 10/21/2014 indicated the worker was experiencing pain in the left knee and leg, lower back, right knee, right hip and buttock and left leg weakness, tingling, and numbness. Documented examinations consistently described decreased and abnormal sensations around the left knee. The submitted and reviewed documentation concluded the worker was suffering from limb pain and insomnia. Treatment recommendations included oral pain medications, a home exercise program, and MRI imaging of the left knee. A Utilization Review decision was rendered on 11/05/2014 recommending modified certification for 150 tablets of Norco (hydrocodone with acetaminophen) 10/325mg in order to wean off over several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

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 pain in the left knee and leg, right hip and buttock lower back, and right knee and left leg weakness, tingling, and numbness. The pain assessments did not include the majority of the elements recommended by the Guidelines and did not describe significantly decreased pain intensity with the use of this medication. Further, the request was made for an indefinite supply of hydrocodone with acetaminophen, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for an indefinite supply of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.