

Case Number:	CM15-0102486		
Date Assigned:	06/04/2015	Date of Injury:	05/16/2002
Decision Date:	07/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, 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 is a 50-year-old, female who sustained a work related injury on 5/16/02. The diagnoses have included chronic pain syndrome, reflex sympathetic dystrophy lower limb, pain in pelvis/thigh joint, lumbago and status post insertion of programmable spinal drug infusion pump. Treatments have included oral medications, use of a pain medication pump, Lidoderm patches, and physical therapy and home exercises. In the PR-2 dated 4/29/15, the injured worker complains of pain in bilateral legs, bilateral hips, and bilateral knees, low back and bilateral feet/ankles. She describes the pain/spasticity as sharp, aching, shooting, throbbing, stabbing and electrical. She rates the pain level as an average of 5/10 with medications and an average of 8/10 without medications. On physical examination both knees are swollen, less, right greater than left. She is able to be functional with her activities of daily living with taking medications. Without medications, she is nonfunctional and bedridden. The treatment plan includes a refill prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

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. Guidelines also state they recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Guidelines also recommend a slow taper. Within the documentation available for review, there is indication that this medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS, attributed to the Norco), there is documentation regarding side effects, but no discussion regarding aberrant use. The reviewer's concern for a updated narcotic contract are also not seen being addressed in the documents submitted by the physician, yet a urine drug screen was done with documentation of functional improvement on the Norco. So it is clear the physician has documented the patient is benefiting from the Norco. However, what is not clear is if the lowest possible dose is being given as recommend by guidelines and the patient is clearly above the 120 mg morphine equivalents when you take in consideration the intrathecal fentanyl. It is unclear how much benefit the patient is getting from the 1,172.4 mcg/day of fentanyl versus the Norco #240. The month that a reviewer wanted the patient to be weaned and recommended #90 pills the physician did not write #90 pills and said the patient would pay out of pocket for the remainder #150 pills. The following month the physician notes worse function in not being able to self shower. However, the reported pain was improved and it is later documented that the patient was paying out of pocket for the remainder of the medicine. The physician clearly documents that without the Norco the patient would not be able to walk, drive or function, however it is then unclear what exactly the fentanyl pump is doing for the patient, if all the benefit is from the Norco, and if it is really necessary to be on #240 versus a lesser dose since 5 extra pills a day seems excessive for purposes of self showering alone. It is also clearly documented for the patient not to drive or operate motor vehicle while on mind-altering medicine like the Norco; however, the physician clearly states one of the benefits of the medicine is the patient's ability to drive a motor vehicle. Nevertheless, there is clear indication for ongoing use of the medication per guidelines. It is acknowledged that the documentation is unclear in regards to how much pain relief and functional improvement are directly attributed to the use of #240 of the Norco versus a lesser dose and possibly versus the fentanyl pump. However, a one-month prescription of this medication should be sufficient to allow the requesting physician time to document that better. As such, the currently requested Norco is medically necessary.