

Case Number:	CM15-0108419		
Date Assigned:	06/15/2015	Date of Injury:	01/07/2011
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 1/7/11. He reported shoulder and back pain. The injured worker was diagnosed as having a lumbar myoligamentous injury with left lower extremity radicular symptoms, status post left shoulder rotator cuff repair, and medication induced gastritis. Treatment to date has included lumbar epidural steroid injections, lumbar trigger point injections, chiropractic treatment, a left shoulder steroid injection, left shoulder rotator cuff repair on 1/27/11, physical therapy, and medication. The injured worker had been taking Norco since at least 11/14/14. A report dated 2/20/15 noted pain was rated as 8/10. Report's dated 3/23/15 and 4/24/15 added Ultracet to his medications and even though the provider noted Norco provided 50% benefit lasting 4-5 hours he also noted the patient preferred the use of Ultracet to Norco. Urine drug screen in Jan 2015 showed the patient taking a non-prescribed opioid medication (tramadol) but a repeat in Apr 2015 showed only use of prescribed medications. Currently, the injured worker complained of low back pain with left sided radicular symptoms. The treating physician requested authorization for Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1; 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried and were not helpful in controlling pain. Additionally, the provider has documented beneficial effects of decreased pain and increased function from use of this medication. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The provider has been following this criteria. However, the provider has prescribed two short acting opioid medications. As they both have similar analgesic effects there is need for only one such medication. The provider has documented that the patient prefers Ultram over Norco. Additionally, the QME report (Nov 2014) recommended weaning off of all opioid medication. Considering all the above information, medical necessity for continued use of Norco has not been established. The request is not medically necessary.