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| Case Number: | CM15-0130457 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 03/09/1995 |
| Decision Date: | 08/14/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/07/2015 |

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: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male with a March 9, 1995 date of injury. A progress note dated May 13, 2015 documents objective findings (using a cane; difficulty getting up from a seated position; diffuse tenderness), and current diagnoses (status post L5 hemilaminotomy with medial foraminotomies and medial facetectomy and L4-5 discectomy; status post contusion left calf with post-traumatic fibrosis; status post multiple falls with bilateral shoulder, rib, and right knee injuries; fibromyalgia; psychiatric complaints). A progress note dated February 25, 2015 documents subjective complaints (pain is in the low back and radiates down the posterolateral lower extremities, into the groin area and down to the feet; numbness, tingling, and weakness in the bilateral lower extremities). Treatments to date have included medications, surgeries, physical therapy, and epidural steroid injections. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 8 hours as needed for pain #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic 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 further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.