

Case Number:	CM15-0132799		
Date Assigned:	07/28/2015	Date of Injury:	08/30/2011
Decision Date:	09/23/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 33-year-old female who sustained an industrial injury on 08/30/2011 resulting in injury to the head, neck and back. Treatment provided to date has included: 7 vestibular therapy; physical therapy for neck pain; cognitive behavioral therapy (CBT); medications; and conservative therapies/care. Diagnostic tests performed include: CT scan of the head (2011) showing no intracranial abnormality (per progress reports); CT scan of the head (2012) showing no intracranial abnormality (per progress reports); MRI of the thoracic spine (2012) which was normal; MRI of the lumbar spine (2012) showing disc desiccation with a 3-4mm central disc protrusion at L4-5 level which flattens the ventral aspect of the thecal sac, and disc desiccation with 2mm diffuse disc bulge at the L5-S1 level which flattens the ventral aspect of the thecal sac. There were no noted comorbidities or other dates of injury noted. On 05/05/2015, physician progress report noted complaints of frequent headaches, neck and upper back pain, and increasing lower back pain. No pain rating was mentioned. The headaches were described as constant and radiating to the vertex and bilateral frontal regions, and associated with nausea and photophobia. Additional complaints included lightheadedness/dizziness, difficulty concentrating, hearing difficulties, short-term memory loss, abdominal pain, insomnia and anxiety. Current medications include meloxicam, Norco 10-325mg 2-3 tablets per day, nortriptyline, protonix, ibuprofen and Lexapro. The physical exam revealed tenderness to palpation of the posterior cervical paraspinal muscles without evidence of gross muscle spasms, tenderness to palpation of the lumbar paraspinal musculature, tenderness over the thoracic paraspinal muscles from T 1-4, and reproducible pain in the lower leg with straight leg raises.

The provider noted diagnoses of long-term use of medications, post-concussion syndrome, thoracic region strain and sprain, lumbar region strain and sprain, and post-traumatic stress disorder. Plan of care includes additional physical therapy, additional CBT, continued Norco, meloxicam, protonix and Lexapro, and follow-up in one month. The injured worker's work status was noted as "not permanent and stationary." The request for authorization and IMR (independent medical review) includes: Norco 10/325mg #90 per the 05/05/2015 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 per 5/15/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving Norco since at least January 2015 and is prescribed twice daily for breakthrough pain. Urine drug screen was negative for hydrocodone in January 2015 and there is documentation that the patient does not take the medication daily. Medical necessity for 90 doses has not been established. The request is not medically necessary.