

Case Number:	CM15-0146212		
Date Assigned:	08/07/2015	Date of Injury:	11/26/2003
Decision Date:	09/29/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 60 year old female who sustained an industrial injury on 11-26-2003. Diagnoses included cervical disc disease status post C4-C5 and C5-C6 cervical fusion August 2005, depression due to chronic pain, swallowing difficulties since her neck surgery and low back and right lower extremity pain. Treatment has included surgery and medications. She currently is working part-time. According to a recent progress report dated 07-14-2015, the injured worker was seen for ongoing low back and neck pain. She continued to do well. She was weaned on the Duragesic patches from 100 mcg every 2 days to 25 mcg every 3 days, and she was doing well at that level. Her last random urine drug screen was consistent, according to the provider. She was taking 6 Norco a day. The combination of those 2 medications had been keeping her pain level right around 3 to 5 on a scale of 1-10 and she was doing excellent. She lived alone and was responsible for all her activities of daily living such as meal preparation, cleaning, laundry, sweeping, mopping and driving for household supplies. She also took care of her grandchildren 5 days a week. Current medications included Duragesic patch 25 mcg 1 every 3 days, Norco 10-325 mg 2 three times a day, colace 100 mg 3 to 4 times a day and Neurontin 300 mg 1 at night. Objective findings included ongoing tenderness to cervical and lumbar paraspinal muscles. Medications dispensed included Duragesic 25 mcg #10 and Norco 10-325 mg #180. According to a previous progress report dated 02-24-2015, the injured worker was taking a higher dose of Duragesic patch at 100 mcg every 2 days. Norco was being taken at a lower dose at 10-325 mg four tablets a day. With medications she was able to take care of her 2 year old granddaughter and an 8 month old grandson, walk her dog with her friends for 20

minutes 3 to 4 times a week and carry out household chores such as cleaning, cooking and laundering. Norco took effect within 30 to 45 minutes and provided relief for 4 to 6 hours. Her average pain over the prior 2 months had been about a 7, getting high as 9 and coming down to 6 with medications. Currently under review is the request for retrospective Norco 10-325 mg #180 dispensed on 7-14-2015. Documentation shows that on 5-19-2015 Duragesic patches were being weaned and Norco was increased to 6 per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg #180 dispensed on 7/14/2015: Overturned

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

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 60-120 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. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this 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 allow for safe use of chronic opioid therapy. There is good documentation that the provider is following the MTUS guidelines. The patient is taking a first-line chronic pain medication (Neurontin), has noted improved function and less pain with use of opioid medications, is screening for aberrant drug-seeking behaviors and has just weaned the patient's Duragesic medication to a significantly lower dose. The total morphine equivalent dose for all her opiates (Duragesic and Norco) is 120 mg/day which is in compliance with the MTUS guidelines. Continued use of Norco at the present dose remains an option in therapy. Medical necessity for continued use of this medication has been established. Therefore, the request is medically necessary.