

Case Number:	CM15-0147160		
Date Assigned:	08/10/2015	Date of Injury:	05/28/2002
Decision Date:	09/23/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/29/2015

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 69-year-old female, who sustained an industrial injury on May 28, 2002. She reported neck, shoulder, low back and bilateral lower extremity pain. The injured worker was diagnosed as having cervical degenerative arthritis, shoulder strain and lumbar strain with lumbar disc pathology. Treatment to date has included diagnostic studies, radiographic imaging, cervical epidural steroid injection (non-beneficial), physical therapy, chiropractic care, acupuncture therapy, medications and work restrictions. Currently, the injured worker continues to report neck pain, left shoulder pain, myofascial pain, pain with overhead work and range of motion and lumbar pain with stiffness and decreased range of motion and associated lower extremity pain. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 22, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst. It was noted she found acupuncture very helpful. Evaluation on May 12, 2015, revealed continued pain as noted. She rated her neck pain at 3 on a 1-10 scale and lumbar pain at 5 on a 1-10 scale. Evaluation on June 10, 2015, revealed continued pain as noted. She reported the back pain was worse radiating down bilateral lower extremities worse on the left than the right with associated tingling and numbness all the way to the great toe. She rated her pain at 7 on a 1-10 scale with 10 being the worst. She noted the pain was constant worse with prolonged sitting or standing. She noted constipation with the use of Norco. She noted recently finishing physical therapy and noted using over the counter ibuprofen and other medications for pain and sleep. She was noted as off work, permanent, and stationary. 90 Tabs of Norco 5/325 MG (To Be Filled on 7/5/15), 90 Tabs of Norco 5/325 MG (To Be Filled on 8/5/15) and 90 Tabs of Norco 5/325 MG (To Be Filled on 9/5/15) were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tabs of Norco 5/325 MG (To Be Filled on 7/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 or 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 has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The patient agreed to being weaned from opiates in April 2015. The quantity of medication requested is inconsistent with weaning. The request should not be medically necessary.

90 Tabs of Norco 5/325 MG (To Be Filled on 8/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 or 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 has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The patient agreed to being weaned from opiates in April 2015. The quantity of medication requested is inconsistent with weaning. The request should not be medically necessary.

90 Tabs of Norco 5/325 MG (To Be Filled on 9/5/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 or 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 has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The patient agreed to being weaned from opiates in April 2015. The quantity of medication requested is inconsistent with weaning. The request should not be medically necessary.

