MAXIMUS Federal Services

Case Number:	CM15-0148022		
Date Assigned:	08/11/2015	Date of Injury:	11/25/2013
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: Hawaii, California, Iowa
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 33 year old male, who sustained an industrial injury on 11-25-2013. He reported a wall falling over and landing on him, resulting in injury to the spine, both shoulder, chest, and head. The injured worker was diagnosed as having post-concussion syndrome, cervical radiculopathy, concussion with loss of consciousness, low back pain, sprain of shoulder, strain of knee, neck sprain, thoracic back sprain, lumbar sprain, contusion of chest, closed head injury. Treatment to date has included medications, magnetic resonance imaging of the cervical and brain (12-8-2014), electrodiagnostic studies. The request is for Norco. On 1-16-2015, he reported needing refill on Skelaxin and Norco. He rated his pain 3-6 out of 10. He indicated there were no changes to his symptoms. He reported low back to mid back pain, recurring headaches and memory issues, and neck and shoulder pain. He indicated the neck and shoulder pain to have improved but the pain will increase with increased activity. He also reported he had recurrent left knee pain. His medications listed are: Etodolac, Lidoderm patches, Norco, Skelaxin, and Wellbutrin. On 1-26-2015, he is seen in follow up for concussion with loss of consciousness, and cervical radiculopathy. Her medications are: Esgic. The provider noted he was not doing better. He reported constant severe headaches and neck pain affecting every aspect of his life. Physical findings revealed cranial nerves normal, reflexes symmetric, cervical spine spasm diffusely, and limited range of motion. The treatment plan included: physical therapy. On 6-19-2015, he reported pain the neck, low back, knee, and shoulder. On this date he reported bilateral neck pain with numbness of the bilateral upper extremities. He indicated his pain interferes with sleep, and he has headaches 3-4 times per week. He also reported low back pain that was intermittent. He ambulates normally without an assistive device. He continues to take Norco up to 4 tablets per day as needed for pain and Skelaxin for spasms. The treatment plan included: Pamelor, Norco, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg tablet #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone; MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 74-95, 51, 1, 8-9.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid, which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5-500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets per day). For higher doses of hydrocodone (>5mg per tab) and acetaminophen (>500mg per tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg per 24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g per 24 hours. The CA MTUS indicates the 4 A's for ongoing monitoring of opioids should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of Norco. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, his current work status is not indicated. There is no discussion of his: current pain level; the least reported pain over the period since last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts with the use of Norco. There is no discussion of activities of daily living, adverse side effects, and aberrant drug taking behaviors. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco 10mg- 325mg tablet #120 is not medically necessary.