

Case Number:	CM15-0168411		
Date Assigned:	09/09/2015	Date of Injury:	03/07/2012
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 38 year old male with a date of injury on 3-7-2012. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee pain and low back pain. Medical records (4-27-2015 to 7-29-2015) indicate ongoing bilateral knee and low back pain rated at 8 out of 10. Per the 7-29-2015 progress report, the injured worker reported that Norco reduced his pain from 8 out of 10 to 4 out of 10. Per the treating physician (7-29-2015 report), the employee was working part time light duty. The injured worker reported doing some odd jobs to try to earn some money. The physical exam (7-29-2015) reveals continued tenderness to palpation in the lumbar spine paraspinal muscles. There was a positive straight leg raise on the right with shooting pain from the back all the way down to the posterior thigh and leg. Treatment has included pain medications. Norco was added per progress report dated 7-14-2014. Per the 4-27-2015 progress report, the Norco had been denied and a new prescription of Percocet was given. Per the 7-29-2015 progress report, medications continued to be denied; the injured worker reported getting a small amount of Norco from a friend to enable him to control his pain. The request for authorization dated 8-5-2015 was for Norco, Motrin, Lexapro, Prilosec and Neurontin. The original Utilization Review (UR) (8-13-2015) non-certified a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California 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 go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state immediate discontinuation has been suggested for evidence of illegal activity. Guidelines state if the patient has returned to work that is a reason for continuing opioids. Within the documentation available for review, there is no documentation regarding side effects, and no discussion regarding aberrant use. The patient has taken medications illegally. Additionally, the patient has not returned to full time employment. The physician does not address these issues. 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.