

Case Number:	CM15-0185156		
Date Assigned:	09/25/2015	Date of Injury:	07/18/2005
Decision Date:	11/16/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 46 year old male who sustained an industrial injury on 7-18-05. The injured worker reported low back and knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic low back pain, left knee pain. Medical records dated 8-20-15 indicate pain rated at 8 out of 10. Provider documentation dated 8-20-15 noted the work status as permanent and stationary. Treatment has included Norco since at least January of 2014, status post lumbar surgery (4-7-09), status post arthroscopic partial meniscectomy (1-10-08), and Trazodone since at least May of 2015. Objective findings dated 8-20-15 were notable for "walks slowly and continues to have a slight limp favoring the left knee." The treating physician indicates that the urine drug testing result (3-5-15) showed no aberration. The original utilization review (9-9-15) denied a request for Norco 10-325 milligrams quantity 90 and Norco 10-325 milligrams quantity 90 (DND 9-20-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Weaning of Medications.

Decision rationale: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids, for long-term use, cannot be supported, as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. They would be used in conjunction with these medications rather than as a replacement as in this case. If chronic use is entertained, then before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of a return to work with objective evidence for improved functioning and reduced pain. The member reports pain reduced from 10/10 to 8/10, which allows participation in some ADL's but not a return to work. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Norco is considered a member of the short-acting family of opioids and as such faces a much higher risk of rebound pain and subsequent misuse. Weaning of opioid analgesics is recommended if there is no overall objective improvement in function, unless there are extenuating circumstances. The member has been on Norco since 2012, examination reported only a slow gait and slight limp favoring the left knee. There is no objective evidence of functional improvement over the course of use of Norco. This member was found to have had a stable condition with no documented evidence for a sustained reduction in pain or improvement in practical function related to the use of opioids over an extended period of time. In the face of evidence for limited utility for improved function, recommendations for short-term use of short acting opioids and the ongoing risk for rebound pain and dependence, continued use of Norco cannot be supported. Therefore, this request is not medically necessary.

Norco 10/325mg quantity 90 (DND 9/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, NSAIDs (non-steroidal anti-inflammatory drugs), Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Weaning of Medications.

Decision rationale: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids, for long-term use, cannot be supported, as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that

opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. They would be used in conjunction with these medications rather than as a replacement as in this case. If chronic use is entertained, then before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of a return to work with objective evidence for improved functioning and reduced pain. The member reports pain reduced from 10/10 to 8/10, which allows participation in some ADL's but not a return to work. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Norco is considered a member of the short-acting family of opioids and as such faces a much higher risk of rebound pain and subsequent misuse. Weaning of opioid analgesics is recommended if there is no overall objective improvement in function, unless there are extenuating circumstances. The member has been on Norco since 2012, examination reported only a slow gait and slight limp favoring the left knee. There is no objective evidence of functional improvement over the course of use of Norco. This member was found to have had a stable condition with no documented evidence for a sustained reduction in pain or improvement in practical function related to the use of opioids over an extended period of time. In the face of evidence for limited utility for improved function, recommendations for short-term use of short acting opioids and the ongoing risk for rebound pain and dependence, continued use of Norco cannot be supported. Therefore, this request is not medically necessary.