MAXIMUS Federal Services

Case Number:	CM15-0192503		
Date Assigned:	10/06/2015	Date of Injury:	08/03/2011
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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:

The injured worker is a 57 year old male who sustained an industrial injury August 3, 2011. Past treatment history included radiofrequency rhizotomy L4-5, L5-S1 November 2013, and acupuncture, 22 sessions by June 2013. Past history included C5-6 fusion 2007, right rotator cuff surgery 2002, insulin dependent diabetes, hypertension, and obesity. Diagnoses are status post fall with brief loss of consciousness; musculoligamentous sprain, strain of the cervical spine; C6-7 myelomalacia due to disc-osteophyte complex abutting ventral cord producing central cord syndrome; degenerative disc disease T5-9 and thoracic neuralgia with neuropathic pain; left shoulder tendinosis; sleep impairment due to pain. According to a neurologic re-evaluation dated September 16, 2015, the injured worker presented with stable pain, reporting Lyrica is decreasing neuropathic tingling and burning without side-effects. The pain rating has declined from 9 out of 10 to 4 out of 10. Elavil is reducing night awakenings due to pain and pain has decreased from 8 out of 10 to 3 out of 10. Cymbalta has decreased overall pain 8-9 out of 10 to 5 out of 10. He reported taking Norco 7.5-325mg (noted also ordered on April 14, 2015) twice a day as needed for pain and allows him to walk the dog, exercise, stretch and sleep. Physical examination revealed; 6'1" and 270 pounds; thoracic-tenderness and hyperesthesia allodynia T2-T5 distribution; lumbar spine- limited range of motion in all directions by 50%; paravertebral muscle spasms bilaterally right greater than left, sciatic notch tenderness, right greater than left; sensory T2-T5 decreased vibration sense and temperature sensation in the stocking distribution of the lower extremities; gait antalgic and slow, positive Romberg and abnormal tandem walk. The physician documented; "toxicology screen was performed on 08-03-2015; controlled

substance contract was reviewed". No toxicology reports noted in the medical record. At issue, is the request for authorization dated September 16, 2015, for Norco. According to utilization review dated September 24, 2015, the requests for Lyrica 200mg #90 plus (3) refills and Elavil 10mg #90 plus (3) refills are certified. The request for Norco 7.5-325mg plus (3) refills was modified to Norco 7.25-325mg #60 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg QTY 60: 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently request for Norco 7.5/325 mg QTY 60: 3 refills is not medically necessary.