

Case Number:	CM15-0194090		
Date Assigned:	10/07/2015	Date of Injury:	12/07/2005
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/02/2015

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 45-year-old male who sustained an industrial injury on 12-7-2005. Diagnoses have included chronic lumbar spine strain, chronic lumbar radiculopathy, status post left ankle arthroscopy in 2008, and degenerative joint disease of the left ankle. Documented treatment includes physical therapy, lumbar steroid injections, a lumbar brace has been requested, and medication noted in recent notes has included Anaprox, Cyclobenzaprine, and Norco. The injured worker continues to report pain in his low back and left ankle. On 8-31-2015 the physician noted increase pain with motion and that he was walking with an antalgic gait due to left ankle pain. Medical records over the prior six months do not provide pain rating or character, or response to the medication. The treating physician's plan of care includes Norco 5 mg stated to be compliant with MTUS and ACOEM Guidelines "for breakthrough pain and not responsive to other treatment." Length of time on Norco is not provided, but it has been referenced as being part of his treatment plan for at least 3 years. The provided medical records do not provide information related to recent urine drug screens, opioid agreement or drug behaviors. A request was submitted for Norco 5-325 mg. #30, but this was denied on 9-11-2015. The injured worker is not presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Ankle and Foot Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use.

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 May 2015 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized. Therefore, the request is not medically necessary.