

Case Number:	CM15-0198226		
Date Assigned:	10/13/2015	Date of Injury:	05/31/2013
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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

Certification(s)/Specialty: Internal 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 56-year-old female with a date of injury of May 31, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, lumbar radiculopathy, and bilateral knee pain. Medical records dated June 29, 2015 indicate that the injured worker complained of frequent neck pain radiating down the bilateral upper extremities with numbness to the fingers, lower back pain radiating down the bilateral lower extremities with frequent tingling to the knees, bilateral knee pain and numbness, and pain rated at a level of 8 out of 10 with and without medications. The record also indicates that the injured worker has activities of daily living limitations due to pain, including self-care and hygiene, ambulation, hand function, travel, and sleep. A progress note dated August 24, 2015 documented complaints similar to those reported on June 29, 2015 with the addition of bilateral ankle pain, muscle weakness of the legs, and pain rated at a level of 7 out of 10 and 8 out of 10 without medications. Per the treating physician (August 24, 2015), the employee has not returned to work. The physical exam dated June 29, 2015 reveals tenderness to palpation in the spinal vertebral area at L4-S1, decreased and painful range of motion of the lumbar spine, positive straight leg raise, decreased grip strength on the right, tenderness to palpation at the bilateral knees, and braces on the lower extremities. The progress note dated August 24, 2015 documented a physical examination that showed no changes since the examination performed on June 29, 2015. Treatment has included transcutaneous electrical nerve stimulator unit, medications (Gabapentin 600mg at bedtime, Naproxen 550mg twice a day as needed, and Norco 10-325mg twice a day as needed since at least June of 2015). The physician documented that the injured worker had

functional improvement because of the medications, including bathing, dressing, mood, reading, shopping, sitting, sleeping, and standing. The original utilization review (September 11, 2015) non-certified a request for Norco 10-325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.