

Case Number:	CM15-0200463		
Date Assigned:	10/15/2015	Date of Injury:	09/26/2012
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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

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 50 year old female, who sustained an industrial injury on 9-26-2012. The injured worker is undergoing treatment for neck pain, disorders of sacrum, shoulder joint pain. On 6-26-15 and 7-17-15, she reported pain to the neck, back and left shoulder. She indicated she is slowly increasing her strength with a home exercise program, and has difficulty lifting anything heavy. Her pain is rated 6 out of 10. She is reported to be unable to sit for long periods of time and difficulty rising from a sitting position. She indicated she takes up to 3 tablets of Norco per day and this is reported to help with her pain and function. Physical examination revealed a normal gait, tenderness in the neck, muscle tension into the left upper trapezius, full cervical spine range of motion, intact sensation of the bilateral upper extremities, tenderness in the left shoulder, decreased left shoulder range of motion, negative impingement sign, tenderness in the lumbosacral junction, decreased lumbar range of motion, and negative straight leg raise testing bilaterally. There is no discussion of aberrant behavior, adverse side effects or reduction of her pain level. The treatment and diagnostic testing to date has included electrodiagnostic studies (7-10-14), medications, magnetic resonance imaging of the lumbar (1-2-13 and 6-30-14), lumbar epidural steroid injection (12-16-14), home exercise program. Medications have included Norco, Orphenadrine, Lipitor, Phentermine. The records indicate she has been utilizing opioids since at least January 2015, possibly longer, and specifically Norco since at least March 2015. Current work status: not working, as modified duties are unavailable with her employer. The request for authorization is for Norco 10-325mg remaining quantity 45 tablets of 90 originally requested date of service 7-17-15; and Norco 10-325mg quantity 90 date of service 6-26-15. The UR dated 9-16-2015: non-certified the requests of Norco 10-325mg remaining quantity 45 tablets of 90 originally requested date of service 7-17-15; and Norco 10-325mg quantity 90 date of service 6-26-15. A letter of appeal dated 9/8/15 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 45 of 90, originally requested DOS 7/17/15: Upheld

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

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

Decision rationale: Norco contains acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider's documentation shows only minimal improvement in pain and except for some vague subjective claims of functional improvement, lacks objective documentation required by guidelines. Patient has had 2 recent urine drug screens that was negative for prescribed medications. Provider's letter of appeal states that that the reason the UDS was negative was that the patient only takes the medication as needed. While this may be true, the number of tablets being prescribed on 7/17/15 and 8/26/15 is not consistent with as needed use but chronic daily use. If patient is only using limited number of Norco on an as needed basis, 90 tablets a month is not an appropriate number to prescribe. The lack of objective improvement in pain and functional status and inappropriate number of tablets being prescribed for a patient claiming to use Norco intermittently does not support the request for Norco. Norco should be weaned or a much lower number of tablets need to be prescribed. The request is not medically necessary.

Norco 10/325 mg Qty 90, DOS 8/26/15: Upheld

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

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

Decision rationale: Norco contains acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider's documentation shows only minimal improvement in pain and except for some vague subjective claims of functional improvement, lacks objective documentation required by guidelines. Patient has had 2 recent urine drug screens that was negative for prescribed medications. Provider's letter of appeal states that that the reason the UDS was negative was that the patient only takes the medication as needed. While this may be true, the number of tablets being prescribed on 7/17/15 and 8/26/15 is not consistent with as needed use but chronic daily use. If patient is only using limited number of Norco on an as needed basis, 90 tablets a month is not an appropriate number to prescribe. The lack of objective improvement in pain and functional status and inappropriate number of tablets being prescribed for a patient claiming to use Norco intermittently does not support the request for Norco. Norco should be weaned or a much lower number of tablets need to be prescribed. The request is not medically necessary.

