

Case Number:	CM15-0208525		
Date Assigned:	10/27/2015	Date of Injury:	08/11/2014
Decision Date:	12/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/22/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male who sustained an industrial injury on 08-11-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for shoulder pain, knee pain, low back pain with lumbar disc displacement without myelopathy, and psychogenic pain. Relevant treatments have included: right shoulder surgery (05-2015), physical therapy, work restrictions, and pain medications (Norco for breakthrough pain since at least 03-2015). Urine drug screen was last performed 9-8-2015. Medical records (02-10-2015 to 10-15-2015) indicate ongoing right knee, low back, right shoulder and right hand pain. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate Norco lessens pain and improves his level of functioning. He has no side effects from this medication and has signed opioid use contract. Per the treating physician's progress reports (PR), the IW has not returned to work. The report, dated 09-08-2015, noted that the IW had been going to physical therapy and taking Norco 2-3 times daily, and yet reported an increase in his pain described in a manner that suggests this is from his physical therapy. The physical exam on that date revealed a fatigued, lethargic and in pain appearance, an antalgic gait, right knee tenderness, and spasms and guarding in the lumbar spine. The request for authorization (09-11-2015) shows that the following medication was requested: Norco 10-325mg #75. The original utilization review (09-18-2015) non-certified the request for Norco 10-325mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, 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,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient appears to be suffering from both radicular and nociceptive pain. Use of an opioid is indicated. The provider is following the MTUS recommendations. Continued use of opioid preparations would be safe and has been shown to be effective. Medical necessity has been established. The request is medically necessary.