MAXIMUS Federal Services

Case Number:	CM15-0212759		
Date Assigned:	11/02/2015	Date of Injury:	03/24/2010
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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: Montana
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 58 year old male injured worker is a driver who suffered an industrial injury on 3-24-2010. The diagnoses included chronic pain due to trauma, thoracic pain, myalgia and myositis, facet arthropathy, and thoracic herniated disc. On 9-25-2015 the provider reported persistent back pain that was severe and worsening. The pain radiated to the left ankle, right ankle, right calf, left foot, right foot and right thigh. The provider noted the injured worker had demonstrated meaningful improvement in pain interference and function and had not demonstrated any evidence of a current substance use disorder. The pain was rated 9 out of 10 without medication and 6 out of 10 with medication. The average pain over the last month was 9 out of 10. The injured worker rated how the pain interfered with daily activities over the last month was 9 out of 10. The pain levels were unchanged from the 3-26-2015 and 7-24-2015 visits. Norco had been in use at least since 3-26-2015. The injured worker noted without medication he was able to get out of bed but not able to get dressed and stay at home all day. With medication he was able to fulfill daily home responsibilities but struggles. The opiate risk tool determined he was at low risk. The urine drug screen 9-25-2015 was negative for Hydrocodone but the injured worker noted he did not like to drive after taking the Hydrocodone. The provider noted the medication may not be detected at the lab threshold and will wait for the confirmatory results. The injured worker noted he was having increase numbness down the left leg and foot and more pain in the mid back to the neck. On exam the lumbar spine revealed pain in the facet joints and worsened with loading maneuvers. The lumbar range of motion was restricted and painful. Request for Authorization date was 9-25-2015. Utilization Review on 10-13-2015 determined non-certification for Hydrocodone Acetaminophen 5-325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narc Hydrocodone Acetaminophen 5/325 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records indicate that the injured worker has used Norco on a long-term basis. The records do document specific functional improvement and decreased pain related to use of Norco. Pain scores are provided. There is documentation of urine drug testing that demonstrates presence of hydrocodone metabolites and acetaminophen below the reference range cutoffs. This is addressed by the primary treating physician. There are no side effects or aberrant drug behaviors. Urine drug testing should continue in this case. The denial on the Utilization Review of 10-13-15 noted that the drug test was negative and quantitative results were pending. With presence of the appropriate medications, even below cutoff levels, the ongoing use of Norco is consistent with the MTUS guidelines. The request for Norco 5/325mg #120 is medically necessary.