

Case Number:	CM15-0214718		
Date Assigned:	11/04/2015	Date of Injury:	04/09/2007
Decision Date:	12/23/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/02/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 70 year old male who reported an industrial injury on 4-9-2007. His diagnoses, and or impressions, were noted to include: chronic neck pain, status-post cervical fusion (10-2007), and revision (10-2012); left frozen shoulder (MRI of 7-2008) with joint changes and tendonitis; severe cervical facet arthritic changes with multi-level bilateral foraminal stenosis, left > right (per CT of 9-2009); chronic lower thoracic and low back pain from moderate-severe lumbar stenosis and multi-level lumbosacral bilateral facet arthropathies and protruding discs with anterolisthesis; status-post left knee replacement (9-2009) with post-operative infection; bilateral carpal tunnel syndrome (per NCV in 8-2008); and complications from spinal procedure resulting in syringomyelia at cervical 3. No current imaging studies, CT or electrodiagnostic studies were noted. His treatments were noted to include: multiple diagnostic studies & surgeries; medication management; and rest from work. The pain management progress notes of 9-30-2015 reported: ongoing neck and left shoulder pain; continued difficulty getting into see the spine surgeon; that he had been authorized for speech therapy due to difficulty swallowing following cervical fusion; and that he needed refills on his medications. The objective findings were noted to include: that his medication documentation had not changed since his 9-2-2015 visit, noting Norco 10-325 mg, 2-3 per day; and no significant change in is objective findings from his 9-2-2015 visit. The objective findings from the 9-2-2015 progress notes included: the use of a walker; a flat affect; no difficulty with speech or breathing; limited cervical range-of motion with flexion and extension; and tenderness across the lumbar para-spinal musculature. The physician's requests for treatment,

on 9-2-2015 and 9-30-2015, were noted to include Norco 10-325 mg, #90. The 4-2-2015 progress notes show Norco 10-325mg as needed. The 11-12-2014 progress notes show Norco 10-325mg, 1-2 a day as needed with the pain level coming down to 5 out of 10 with the medication. The progress notes of 2-5-2015 show Norco 10-325mg, 1-3 per day as needed. The 8-5-2015 progress notes showed an increase in Norco 10-325mg, 2-3 a day, with the current 1 a day decreasing his pain to a 7 out of 10. The Request for Authorization, dated 10-15-2015, was noted for Norco 10-325 mg, #90 (retro from the 9-2-2015 visit) which decreases his pain to a 5 or 6 out of 10 and allows him to walk for a couple of hours longer. The Utilization Review of 10-22-2015 non-certified the request for Norco 10-325 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), 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, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Guidelines also have Steps to take before a Therapeutic Trial of Opioids. These steps include: before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS), documentation regarding side effects, and discussion regarding aberrant use. As such, there is clear indication for ongoing use of the medication. However, what is not clear is if the lowest possible dose is being given as recommend by guidelines. No baseline function is made nor is the patient's objective functional improvement on 1 Norco a day versus 2 a day documented. In fact, the patient's pain relief on 2 a day of Norco is the same as being on 3 a day. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco10/325 mg # 90 is not medically necessary.