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| Case Number: | CM15-0035685 | | |
| Date Assigned: | 03/04/2015 | Date of Injury: | 07/31/2000 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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: Georgia, California, Texas

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 68 year old male, who sustained an industrial injury on 7/31/2000. The current diagnoses are low back pain, right buttock pain, and lateral thigh pain. Currently, the injured worker complains of ongoing low back pain. Current medications are Norco. The physical examination reveals no significant change. The treatment to date includes medications, physical therapy, trigger point injections, and facet joint injections. 10/15/14 office note documented complaints of 8-9/10 back pain, which was reduced to 4-5/10 with use of Norco. When pain was 9/10, he was unable to do most of practically anything and remained sedentary most of the day. When pain was 5/10 he was able to get dressed, as well as do some cooking and cleaning and light work around the house. He was prescribed Norco with plan to recheck in 3 months. 01/07/15 office note states that injured worker is doing well on 2-3 Norcos a day, and that they allow him to continue to walk for exercise daily and carry out ADLs without any adverse side effects. A random urine drug screen done 10/15/14 was consistent. Previous NSAID therapy with a COX-2 selective agent had resulted in GI bleeding. The treating physician is requesting Norco 10/325mg #90, Norco 10/325mg #90 (DND 02/07/15), and Norco 10/325mg, #90 (DND 03/07/15), which is now under review. On 2/9/2015, Utilization Review had non-certified a request for Norco 10/325mg #90, Norco 10/325mg #90 (DND 02/07/15), and Norco 10/325mg, #90 (DND 03/07/15). The Norco 10/325mg #90 was modified to #60. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trail of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Office notes document specific symptomatic and functional improvements associated with a stable dose of Norco (hydrocodone/APAP). There are no documented current medication side effects and urine drug screen was appropriate. Trial of other, non-opioid means of pain control is documented. The requested Norco is consistent with MTUS recommendations.

Norco 10/325mg #90 DND until 02/07/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trail of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Office notes document specific symptomatic and functional improvements associated with a stable dose of Norco (hydrocodone/APAP). There are no documented current medication side effects and urine drug screen was appropriate. Trial of other, non-opioid means of pain control is documented. The requested Norco is consistent with MTUS recommendations.

Norco 10/325mg, #90 DND until 03/07/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Office notes document specific symptomatic and functional improvements associated with a stable dose of Norco (hydrocodone/APAP). There are no documented current medication side effects and urine drug screen was appropriate. Trial of other, non-opioid means of pain control is documented. The requested Norco is consistent with MTUS recommendations.