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| Case Number: | CM15-0088494 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 08/28/1999 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/30/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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: New York, Tennessee
 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 57 year old male, who sustained an industrial injury on 8/28/99. He reported a left wrist, neck and low back injury. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, spondylosis with myelopathy of thoracic region, arthropathy of lumbar facet joint, pain in thoracic spine, neck sprain and strain of neck muscle. Treatment to date has included lumbar epidural injections and oral medications including Norco, Valium, Restoril, Ibuprofen, Lipitor, Ramipril and baby Aspirin. Currently, the injured worker complains of chronic low back pain. Physical exam noted a stiff gait, tenderness over the mid thoracic area, tenderness across lumbosacral region and restricted range of motion with hypoesthesia in bilateral feet. The treatment plan included continuation of Norco, Methadone, Valium and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been taking Norco and methadone since at least January 2014. Pain level has not changed over the course of treatment. Analgesia has not been obtained. The medication should be discontinued. The request is not medically necessary.