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| Case Number: | CM15-0238869 | | |
| Date Assigned: | 12/15/2015 | Date of Injury: | 03/04/2015 |
| Decision Date: | 01/22/2016 | UR Denial Date: | 11/03/2015 |
| Priority: | Standard | Application Received: | 12/07/2015 |

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 Jersey

Certification(s)/Specialty: Family Practice

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 57 year old male injured worker suffered an industrial injury on 3-4-2015. The diagnoses included right tibial fracture. On 9-28-2015 the provider noted the CURES report was consistent 9-23-2015, urine drug screen 6-17-2015 and signed pain contract 6-17-2015. On 10-21-2015 the treating provider reported right lower extremity pain secondary to crush injury. He continued with physical therapy but did not find it beneficial to decrease the pain. He continued to find pain relief with Norco with pain rated 8 out of 10 without medication down to 4 out of 10 with medication and allowed him to participate in therapy. He also had been using Cymbalta for depression and neuropathic pain. He used a walker for mobility. The prior treatments included physical therapy. The documentation provided did include evidence of a comprehensive pain evaluation with pain levels with and without medications, but no specific evidence of functional improvement with treatment and no aberrant risk assessment. Request for Authorization date was 10-21-2015. The Utilization Review on 11-3-2015 determined non certification for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the notes provided for this case, the worker was compliant with the Norco use based on reported urine drug screening results, reported no significant side effects, and clearly reported measurable functional gains with increased ability to perform physical therapy and 50% pain level reduction with ongoing Norco use. There appears to be no clear reason to discontinue this medication at this time. Therefore, this request for renewal of Norco is appropriate and medically necessary.