MAXIMUS Federal Services

Case Number:	CM14-0148049		
Date Assigned:	09/18/2014	Date of Injury:	10/13/2005
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53 year old male ambulance driver/EMT injured 13 Oct 2005 in a head-on motor vehicle accident which caused an orbital fracture, a concussion and worsening of his low back pain. Mental health problems developed secondary to the symptoms from his accident. He presently has 7/10 low back pain with pain on walking. Examination showed lumbar tenderness to palpation and limited motion to flexion and extension. Work up included multiple back xrays, CT of lower back and MRI scans of the lower back. He had two low back surgeries to fuse L4-5 and L5-S1. He has also been treated with physical therapy (Dec 2007, Feb 2012), epidural steroid injection (Jul 2006), massage, medications and ongoing mental health care. Treatment with medications has included Wellbutrin, Ativan, Lexapro, Skelaxin, Cialis, Cymbalta, Tricor, Vicodin, Norco (10 mg TID since Nov 2012), Pristiq, Ketoprofen Cream, Voltaren Gel, Synthroid, Lunesta, diazepam - His present medications are: Norco 10/325 TID, Ativan, Tricor, and Synthroid. There is no documentation of functional improvement or return to work from the therapy given this patient although there is note that the pain medication is effective at reducing the pain and there is stability in the amount/dosing of the narcotic medication since Nov 2012. He has not returned to work since June 2006.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (CPMTG) Page(s): 74-96.

Decision rationale: Norco is an mixed medication made up of two agents: the opioid, hydrocodone, and acetaminophen, better known as tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is usually 60 mg/day of hydrocodone.According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to identify when addiction develops and to prevent addiction from occurring. Although the care for this patient does not document all these recommended actions, it does note the improvement in pain control with the use of opiod preparations and documents appropriate monitoring of the patient. The records also document stability in dosing, in that the same dose of opioid the patient was started on in Nov 2012 is still in present use. This is not the pattern you will see in addiction. Since the patient is not displaying signs of addiction, the medication is effective in lowering the patient's pain and the patient is being appropriately monitored by the treating provider, chronic use of opioids in this instance is not contraindicated. The requested Norco 10/325mg #90 is medically necessary.