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| Case Number: | CM14-0149874 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 01/30/2004 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 54 year-old female who sustained an injury on 01/30/04. As per the report of 08/22/14, she complained of chronic pain, sleeping issues, mood issues, and high stress secondary to family issues. She had multiple injury areas. She rated her pain at 10/10. She stated Bengay ultra cream provided good relief. On exam, she was alert and oriented. She had tenderness to palpation. She underwent multiple surgeries to bilateral upper extremities. Current medications include Norco, Zoloft, Celebrex, Omeprazole, Topamax, Bengay ultra strength cream, and Ducuprene. Prior treatments included breathing exercises, reading, and HEP. Norco 10/325 mg #60 of 87 was partially certified on 05/06/14. She had been taking Norco since 10/09/13. Diagnoses include epicondylitis, elbow, lateral cervical radiculitis, carpal tunnel syndrome, myofascial pain, status post multiple surgeries to bilateral upper extremities, history of gastritis, and poor coping with chronic pain syndrome, and history of suicidal ideation. There is no documentation regarding diagnostic studies, urine drug screen reports, requesting physician reports, or indications regarding pain improvement with Norco. There is also limited documentation regarding physical examination. The request for Norco 10/325 mg #87 was modified to #35 on 09/11/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #87: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74, 91.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs (NSAIDs) or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. Visual Analog Scale (VAS)) or function with continuous use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Conversion to long-acting opioids is recommended when continuous around the clock dosing is desired. The medical necessity for Norco has not been established based on guidelines and lack of documentation. Therefore, this request is not medically necessary.