

Case Number:	CM14-0088577		
Date Assigned:	07/23/2014	Date of Injury:	12/21/2004
Decision Date:	09/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 Management 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:

This is a male patient with a date of injury of December 21, 2004. A utilization review determination dated May 13, 2014 recommends non-certification of Norco 5/325 mg #120 with modification to #90 for process of weaning. A progress note dated April 10, 2014 identifies subjective complaints of persistent severe pain, the patient is requesting to know what he has in his back and abdomen, the medications are helpful, his functional level is still struggling, the patient cannot tell if Cymbalta is helping, and patient states that Skelaxin had been helpful. Current medications include Norco 5/325 four-day, Prilosec 20 mg one a day, Cymbalta 30 mg twice a day, and Neurontin 600 mg three times a day. Physical examination identifies that the examining physician is able to block out the patient's right knee and stand patient straight, and when the patient is asked to stand on his right leg he was shaking due to weakness. Current diagnoses include chronic persistent right shoulder pain, chronic neck pain, chronic low back pain and right lower extremity pain, right inguinal hernia repair, chronic abdominal discomfort, and gastric reflux. The treatment plan recommends a decreased to Cymbalta 30 mg once a day, continuation of Norco and Neurontin, and continuation of Prilosec. A progress note dated July 3, 2014 identifies that the patient has persistent low back pain radiating to the lower extremity, the patient feels that his pain is getting worse, he complains of neck pain, the patient reports that without pain medications his pain level is a 9 - 10/10 and with medications is pain is reduced to a 6/10, the patient states that without medications he is unable to do anything however with medications is able to do self-care although he cannot reach anything with the right hand, the patient cooks at home, walks 10 to 15 minutes a day, goes to church for activities and goes to the park to collect cans, with regard to the medications the patient states that he has had some diarrhea a couple times a month that was not too bad and no other side effects reported, and there have been no aberrant drug seeking behaviors. The treatment plan recommends up to five Norco

a day, continuation of the patient's medications, a three month supply of medication was issued, and a urine drug screen is to be done.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 5/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen) 5/325mg #120, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco 5/325mg #120 is not medically necessary.