

Case Number:	CM14-0185827		
Date Assigned:	11/13/2014	Date of Injury:	09/17/2005
Decision Date:	01/02/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 man with a work related injury dated 9/17/2005 resulting in chronic low back pain with injury to the low back and right ankle. The patient was examined by the primary provider on 10/9/14. At the time he is reporting constant back pain that radiates into both legs. He is not working. Recent MRI of the thoracic spine is noted to have disk herniation at T5-T6 impinging his spinal cord. The exam shows muscle spasm of the low back with decreased range of motion. Deep tendon reflexes are decreased at the knees and ankles and he has decreased strength in both legs. The diagnosis includes low back pain with lumbar sprain/strain injury and charcot-marie-tooth disease with lower extremity weakness. The plan of care is continued use of Norco 10/325mg #180 and the addition of oxycodone immediate release 30mg twice daily as needed. It is noted that the patient has been under a pain contract with appropriate urine drug screens, however the documentation doesn't contain any urine toxicology reports. Under consideration is the continued use of Norco 10/325mg #180 which was modified to Norco 10/325mg #120 during utilization review on 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, and long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case the patient has not returned to work. There is no urine toxicology reports included in the documentation. The provider notes that the patient is more functional but doesn't specify in what manner. The patient has been treated with opioid analgesic medications for longer than 16 weeks. The continued use of Norco 10/325mg #180 is not medically necessary.