

Case Number:	CM14-0210385		
Date Assigned:	12/23/2014	Date of Injury:	01/31/2001
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 50-year-old gentleman with a date of injury of 01/31/2001. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/02/2014 and 11/03/2014 indicated the worker was experiencing neck pain, back pain, stomach pain, numbness in both hands, knee and ankle pain. Documented examinations consistently described tenderness throughout the back, decreased motion in the upper and lower back joints, lower back muscle spasm. The submitted and reviewed documentation concluded the worker was suffering from C5 and C6 neuroforaminal stenosis, lumbar disk radiculitis, obesity, left knee internal derangement, gynecomastia. Treatment recommendations included medications, consultation with a pain specialist, modified activities, and follow up care. A Utilization Review decision was rendered on 11/21/2014 recommending modified certification for sixty-eight tablets of Norco (hydrocodone with acetaminophen) 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing neck pain, back pain, stomach pain, numbness in both hands, and knee and ankle pain. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was no discussion reporting the benefit from this medication, how long the benefit lasted, an exploration of possible negative effects, or an individualized risk assessment. In the absence of such evidence, the current request for ninety tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.