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| Case Number: | CM14-0089136 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 01/25/1993 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 70-year-old female who sustained an industrial injury on 01/25/1993. Diagnoses include postlaminectomy lumbar region/failed back syndrome; sciatica/neuralgia or neuritis of the sciatic nerve; long-term current use of other medication; and lumbago/low back pain. Treatment to date has included pain medications/narcotics, NSAIDs, steroid injections, physical/aquatic therapy, chiropractic care, massage therapy, cognitive behavioral therapy and acupuncture. An MRI of the lumbar spine dated 6/17/11 was not significantly different from the one performed on 2/28/10. According to the progress notes dated 3/25/14, the IW reported low back and bilateral leg pain rated 7/10; her least pain severity was 5/10 and her highest pain severity was 9/10. A request was made for a prescription of Norco 10/325mg, #60 with 3 refills and a prescription of compound Hydrocodone Bitartrate (bulk) 100% powder, 20mg capsules, #180 (3 given). The records indicate the IW was taking Norco as far back as February 2012 and is currently taking it only "as needed". The progress notes explain that the IW has a history of liver toxicity due to high dose acetaminophen; it has been medically necessary to avoid acetaminophen or keep the dosage very low.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, prospective request one prescription Norco 10/325mg # 60 with three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis are postlaminectomy lumbar region/failed back; sciatica/neuralgia or neuritis of sciatic nerve; long-term current use of other medications; encounter for therapeutic drug testing; and lumbago/low back pain. The injured worker has been using Norco and compound hydrocodone bitartrate as far back as 2011. The injured worker has been using opiates in excess of 15 years. The treating provider prescribes compound hydrocodone to keep the acetaminophen dose low. Other opiates have been tried or ineffective or not well tolerated. The injured worker's current pain severity or VAS scale is 5/10. Her pain increases as high as 9/10. There is no apparent objective functional improvement documented in the medical record. There is no subjective improvement (chronically elevated VAS scores) documented in the medical record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no clinical indication for three refills over and above the requested #60 perspective request. Additionally, there is no documentation summarizing the number of Norco 10/325 mg tablets taken per month in addition to the compound hydrocodone bitartrate capsules to determine total opiate intake and the MED. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support the ongoing use of Norco with three refills, no risk assessments or detailed pain assessments, prospective request one prescription Norco 10/325mg # 60 with three refills is not medically necessary.

Prospective request for 1 prescription of compound Hydrocodone bitartrate (bulk) 100% powder, 20mg capsules, #180 (3 given): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, prospective request one prescription compound hydrocodone bitartrate (bulk 100% powder) 20 mg capsule #180 (three given) is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis are postlaminectomy lumbar region/failed back; sciatica/neuralgia or neuritis of sciatic nerve; long-term current use of other medications; encounter for therapeutic drug testing; and lumbago/low back pain. The injured worker has been using Norco and compound hydrocodone bitartrate as far back as 2011. The injured worker has been using opiates in excess of 15 years. The treating provider prescribes compound hydrocodone to keep the acetaminophen dose low. Other opiates have been tried or are ineffective or not well tolerated. The injured worker's current pain severity or VAS scale is 5/10. Her pain increases as high as 9/10. There is no apparent objective functional improvement documented in the medical record. There is no subjective improvement (chronically elevated VAS scores) documented in the medical record. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no attempt at weaning compound hydrocodone bitartrate. Additionally, there is no documentation summarizing the number of Norco 10/325 mg tablets taken per month in addition to the compound hydrocodone bitartrate capsules to determine total opiate intake and the MED. The ACOEM, MTUS and Official Disability Guidelines do not recommend the use of custom compounded opiates (compound hydrocodone bitartrate). Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support the ongoing use of compound hydrocodone bitartrate 20mg capsules, no risk assessments or detailed pain assessments, or attempts to wean (after 15 years chronic opiate use), prospective request one prescription compound hydrocodone bitartrate (bulk 100% powder) 20 mg capsule #180 (three given) is not medically necessary.