

Case Number:	CM15-0014145		
Date Assigned:	02/02/2015	Date of Injury:	04/11/2001
Decision Date:	03/20/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 63 year old male patient who sustained a work related injury on April 11, 2001, after falling from a platform, 12 feet, injuring his low back, buttocks left shoulder and left wrist. The diagnoses include lumbar facet syndrome, sacroiliac pain, carpal tunnel syndrome, back, and hand and shoulder pain. Per the doctor's note dated 12/31/2014, he had complaints of continuous low back pain, left shoulder pain and left wrist pain. The pain was at 4/10 with medications and 8/10 without medications. The physical examination revealed lumbar tenderness and limited range of motion, positive fabere test and lumbar facet loading test and negative straight leg raising test. The current medications list includes nabumetone, norco, aspirin, lisinopril, metoprolol and simvastatin. He failed gabapentin, lyrica and cymbalta. He has undergone left carpal tunnel release on 4/16/2009. He has had EMG/NCS dated 1/24/2012 which revealed bilateral carpal tunnel syndrome and left mild ulnar neuropathy. He has had sacroiliac joint steroid injections with relief, aqua therapy with no relief and physical therapy with no relief for this injury. He has had last urine drug screen on 1/6/2010. On January 15, 2015, a request for a prescription of Norco 5-325mg #120 was non-certified by Utilization Review, noting, California Medical Treatment Utilization Schedule chronic Pain Medical Treatment Guidelines and American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioid.

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

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. There is progressive decrease in the amount of time in between two Norco refills in the period between November 2014 and January 2015. The rationale for this is not specified in the records provided. This is an indication of possible aberrant drug behavior. A recent urine drug screen report is not specified in the records provided. The last request for Norco dated 1/14/2015 is not accompanied by a comprehensive note documenting functional improvement, comments regarding the presence or absence of aberrant drug behavior or adverse effects. Per the records there was a request for Norco 120 tablets on 12/31/2014 which was certified on 1/4/2015. This would be expected to last till 1/31/2015. However another request was placed on 1/14/15, 2 weeks prior to the expected date. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 5-325 mg #120 is not established for this patient at this time.