MAXIMUS Federal Services

Case Number:	CM15-0019656		
Date Assigned:	02/09/2015	Date of Injury:	09/15/2003
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on September 15, 2003. He has reported low back pain with associated burning and tingling. The diagnoses have included lumbar spondylosis without myelopathy and sprain/strain of the sacroiliac joint. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, conservative therapies, work restrictions and pain medications. Of note, on is last urine drug screen he was positive for prescribed medications and non-prescribed controlled substances (marijuana and oxycodone).Currently, the IW complains of low back pain with associated burning and tingling. The injured worker reported an industrial injury in 2003, resulting in constant low back pain with burning and tingling. He reported feeling pain in the low back while installing a heating and air-conditioning unit. He noted reporting the pain and taking the day and weekend off before returning on Monday with continued pain. He has tried multiple failed conservative therapies including physical therapy. He required pain medications to maintain function. On April 24, 2014, evaluation revealed continued intractable pain. It was noted he would be a future surgical candidate. Vocational rehabilitation was ordered and pan medications were renewed. On June 6, 2014, evaluation revealed continued pain. The pain was noted to continue on follow up appointments. Norco was requested to aide in pain relief. On January 14, 2015, Utilization Review non-certified a request for Norco 7.5/325mg #75 with 3 refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of requested Norco 7.5/325mg #75 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 7.5/325mg #75 With 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9,Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The patient is on a first-line treatment for pain (Lyrica) and still needs additional pain medications. The provider is monitoring the patient closely and the patient's use of prescribed opioid medications is stable. Of concern is the positive urine drug screen showing use of non-prescribed opioids, too. Stopping or decreasing this patient's chronic pain medications at this point in his care doesn't make sense. However, the issue of illicit opioid use has not addressed and needs to be as this may be a sign of drug-seeking behavior/drug abuse. Medical necessity for continued use of this medication has been established but needs to be relooked at after the potential abuse issue has been resolved.