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| Case Number: | CM15-0112254 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 12/24/2009 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 06/02/2015 |
| Priority: | Standard | Application Received: | 06/10/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on 12/24/2009, while working as an iron worker/welder/decker. The injured worker was diagnosed as having lumbar degenerative disc disease, low back pain, and post-laminectomy syndrome. Treatment to date has included diagnostics, lumbar spinal surgery (2012), injections, spinal cord stimulator trial, and medications. A remote history of drug abuse was documented, with hospitalization in 2012 for "overdose on opiates and sleeping pills". Also noted was hospitalization for detoxification in 11/2013 and inconsistent urine toxicology reports. Urine toxicology (9/2014) was documented as appropriate. Trial Amrix noted at 4/17/2015 visit, with samples given. The use of Norco was noted for greater than one year. Currently (5/22/2015), the injured worker complains of pain, radiating to both feet and also stated that both knees were starting to hurt. Lower extremity pain was greater in the right and affected sleep, noting numbness to the right posterior calf and foot. He wished to avoid long acting opioid medications because they were difficult to get off of in the past. Discussion was held regarding overdose in 2012 and the injured worker and spouse stated that they would proceed with addictionology evaluation. The treatment plan included continued medications, including Norco and Amrix. Recent urine toxicology was not submitted. He was currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 180, up to 6 tabs per day, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (Hydrocodone); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. In addition, the patient has a history of drug abuse, with hospitalization in 2012 for "overdose on opiates and sleeping pills." Also noted was hospitalization for detoxification in 11/2013 and inconsistent urine toxicology reports. Therefore, the prescription of Norco 10/325mg #180 with 1 refill is not medically necessary.

Amrix 15 mg Qty 30, 1 tab at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Amrix, non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Amrix is not justified. Therefore, the request for authorization of Amrix 15 mg Qty 30, 1 tab at bedtime is not medically necessary.