

Case Number:	CM15-0113621		
Date Assigned:	06/22/2015	Date of Injury:	07/05/2013
Decision Date:	07/28/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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 49 year old male patient who sustained an industrial injury on 07/05/2013. The accident was described as while working duty as a mechanic he had an argument with a co- worker that escalated into an altercation resulting in injury. The diagnoses include lacerated scalp with an associated whiplash of the neck and radiculopathy into right upper extremity; chronic strain/ sprain of the lower back; chondromalacia of the patella femoral joint at the left knee. Per the doctor's note dated 5/4/2015, he had complaint of left shoulder, back and right knee pains; headache; sleep difficulties. The physical examination revealed tenderness over the left eustachian tube, lumbar spine and cervical spine, limited lumbar flexion. The medications list includes norco, benazepril, metformin, glipizide, zolpidem and omega 3. The patient was deemed permanent and stationary on 04/20/2015. Previous treatment modality to include: modified work duty, chiropractic care, acupuncture, and exercises. He was offered injections but noted refusing as he thought it would interfere with his diabetes. He has had urine drug screen on 12/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 8 hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80.

Decision rationale: Norco 10/325mg every 8 hours #90. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited 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. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid 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. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to an antidepressant or an anticonvulsant or a lower potency opioid for chronic pain is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg every 8 hours #90 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.