MAXIMUS Federal Services

Case Number:	CM15-0116953		
Date Assigned:	06/25/2015	Date of Injury:	10/21/2007
Decision Date:	08/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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 York
Certification(s)/Specialty: Emergency 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 47 year old male who sustained an industrial injury on 10/21/2007. He reported neck and back pain after lifting and twisting, and repetitive movements for about three weeks. The injured worker was diagnosed as having chronic neck pain, chronic thoracic pain, chronic low back pain, erectile dysfunction opiate induced, right hip pain, coccyxdynia, and right knee pain. Treatment to date has included medications, magnetic resonance imaging of the cervical spine (1/25/2010), magnetic resonance imaging of the thoracic spine (8/8/2008), magnetic resonance imaging of the lumbar spine (1/25/2010), and x-rays. The request is for Norco. On 11/14/2014, he complained of neck pain rated 6/10, back and low back pain rated 4-5/10, and thoracic pain 8/10. The treatment plan included: Colace, Cymbalta, Gabapentin, Lactulose, Lidoderm patch, MS Contin, Norco, Omeprazole, and Testosterone Cypionate injection. On 5/11/2015, he reported neck pain. He rated his pain level as 6/10. He also complained of low back pain with radiation into the legs and back stiffness. He rated the back pain as 6/10. In addition, he complained of thoracic and mid-back pain with radiation into the arms. This pain is not rated. The provider indicated that there is substantial benefit of the medications, no evidence of drug abuse or diversion, no aberrant behavior observed, and no adverse drug reactions, side effects or complications noted. He is noted to attain 90% improvement in pain with medications. The provider reported a marked decrease in the injured worker's functional capacity with the denial of medications over the past month. Physical examination revealed an antalgic gait favoring the left leg, cervical spine pain to palpation, myofascial pain in the lumbar region with triggering and ropey fibrotic banding. The treatment

plan included: possible epidural block, injection of DepoMedrol to the right hip, change from MS Contin to Duragesic, start Zorvilax as opposed to continuing Gabapentin, and increase Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; CURES; Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids, criteria for use, On-going Management; Opioids for neuropathic pain; Opioids, dosing; Opioids, screening for risk of addiction (tests); Opioids, specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications Page(s): 43, 74, 76, 77, 78, 82, 86, 90, 91, 124. Decision based on
Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone & Acetaminophen; Hydrocodone Page(s): 51, 74-95.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & acetaminophen. Hydrocodone is considered a semi-synthetic opioid. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provider does document the injured worker to be continuing "substantial benefit of the medications" and has noted no evidence of drug abuse or diversion, no aberrant behavior observed, and no adverse drug reactions reported, as well as, a urine drug screening on 4/13/2015, was noted to be within normal limits. The report for this urine drug screen was not available for this review. However, the documentation does not indicate to which medication(s) this is attributed to, and does not indicate the average pain, intensity of pain after taking the medication, how long it takes for pain relief, or how long pain relief lasts. Based on these findings the request for Norco does not meet the CA MTUS criteria for medical necessity. Therefore, the request for Norco tab 10/325 mg #120 is not medically necessary.