

Case Number:	CM15-0120730		
Date Assigned:	07/01/2015	Date of Injury:	07/01/2011
Decision Date:	09/08/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, Michigan

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 45 year old male, who sustained an industrial injury on 7/1/2011. The mechanism of injury is unclear. The injured worker was diagnosed as having chondromalacia patellae, lumbar sprain/strain. Treatment to date has included medications, electrodiagnostic studies (5/12/2015). The request is for retrospective usage of Norco 10/325 mg #90. On 5/12/2015, he complained of right hand and thumb pain, and increased right foot pain. He continues to have stiffness of the right wrist and numbness over the right thigh. He is noted to have trigger finger of the 1st right finger, and walking on the ball of his right foot to reduce the weight on the right side of the low back. He rated his pain as 7-8/10. Physical findings revealed tenderness of the low back, right thumb area, and both knees. The treatment plan included: Norco, and hand surgeon referral. On 6/9/2015, he complained of pain to the low back, mid-back, and right hip. He also complained of right hip stiffness. Physical findings revealed tenderness and muscle tightness over the low back; tenderness over the right thumb with a mildly positive Tinels; absent hair distribution on the right lateral anterior thigh; and tenderness of both knees. The treatment plan included: magnetic resonance imaging of the lumbar spine, lumbar epidural injection, hand surgeon referral, and Cymbalta. He remains off work. The records indicated he has been utilizing Norco since at least December 2014, possibly longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Norco 10/325mg #90 (DOS 5-20-15): Upheld

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

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

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no FDA-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The 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. In this case, the injured worker had a noted aberrant drug seeking behavior in January 2015. The records do not continuously document her current pain; her least reported pain over the period since her last assessment; her average pain; the intensity of pain after taking Norco; how long it takes for pain relief with the use of Norco; and how long her pain relief lasts with the use of Norco. In addition the records do not consistently document her level of function, or any improvement to her quality of life with the use of Norco. Therefore, the request for Norco 10/325mg three times daily, #90 and no refills is not medically necessary. The requested Norco 10/325 mg #90 does not indicate a frequency or dosing for this injured worker; however, the records indicate the prescription as Norco 10/325 mg, one tablet two times per day, #90. The records do not demonstrate pain relief, functional improvement, appropriate medication use, or side effects. The records do not indicate: his level of pain in relation to the use of Norco; his least reported pain over the period since his last assessment; his average pain; his intensity of pain after taking the opioid; how long pain relief lasts with Norco; or how long it takes for pain relief to occur with the use of Norco. In addition he remains off work, thus indicating no functional improvement. There is no noted opioid agreement, no noted side effects with Norco, and no indication if there are any aberrant behaviors with the use of the opioid. Therefore, the request for Norco 10/325mg #90 is not medically necessary.