

Case Number:	CM15-0124821		
Date Assigned:	07/09/2015	Date of Injury:	06/11/2001
Decision Date:	08/13/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pediatrics, Internal 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 55 year old female, who sustained an industrial injury on 6/11/2001. The mechanism of injury is not indicated. The injured worker was diagnosed as having chronic neck pain, status post cervical fusion, cervical disc disease, radicular symptoms in the arms, and chronic back pain. Treatment to date has included medications, home exercises, and neck surgery. The request is for Norco 10/325 mg #120. The records indicate she has been utilizing Norco since at least April 2008, possibly longer. On 1/9/2015, she complained of increased neck pain and migraine headache. She rated her pain 4/10 with an average between 3-7/10. She is noted to have a restricted range of motion of the neck, tenderness in the trapezius areas. The treatment plan included: Oxycontin 40 mg every 12 hours, and Norco 10/325 one every 4-6 hours as needed for breakthrough pain. On 2/6/2015, she reported feeling about the same, and recently has had some discomfort in the left upper arm. She rated her pain 3/10, and average 2-7/10 over the past month. The treatment plan included: Oxycontin and Norco. On 3/6/2015, she reported feeling "roughly the same". She indicated she had had 9 major migraine headaches recently, and increased left upper arm pain. She rated her pain 4/10. The treatment plan included: home exercises, Oxycontin and Norco. On 5/1/2015, she reported feeling about the same. She continued with neck pain rated 3-7 on the visual analog scale. She also reported muscle spasms in the left trapezius. Physical findings are noted to have not changed. The treatment plan included: Oxycontin that is noted to have been reduced, and Norco one every 4-6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

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 records indicated she reported feeling about the same from January 2015 to May 2015. Her pain level continued to be an average of 3-7/10 on the visual analog scale. She is noted to have had a reduction in Oxycontin dosage; however the Norco dosage or frequency was not noted to have been reduced. The prescription for Norco 10/325 continues to be one every 4-6 hours as needed for pain. Her work status and activities of daily living are not reported. The records do not indicate the intensity of pain after taking the Norco; how long it takes for pain relief to occur with Norco; and how long pain relief lasts with the use of Norco. The CA MTUS guidelines criteria for the continued use of Norco have not been met. Therefore, the request for Norco 10/325 mg #120 is not medically necessary.