

Case Number:	CM15-0063620		
Date Assigned:	04/09/2015	Date of Injury:	08/18/2009
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 63 year old male, who sustained an industrial injury on 8/18/2009. The current diagnoses are lumbar disc herniation, bilateral hip pain and numbness, bilateral knee osteoarthritis, status post left total knee replacement, and anxiety/depression secondary to multiple orthopedic complaints and inability to work. According to the progress report dated 3/5/2015, the injured worker complains of pain in the lumbar spine, bilateral knees, and bilateral hips. The pain in his right knee is rated 7-8/10, constant, and remains the same since last assessment, which becomes 9/10 with prolonged standing, walking, bending, twisting, and kneeling. He also notes crepitus. He notes left knee pain has improved with total knee arthroplasty; however, his symptoms are rated at 3-4/10. The lumbar spine is rated at 7-8/10, constant, worsened since last visit, with occasional radiation of pain into the right lower extremity. He rates his left hip pain at 5-6/10, intermittent, remains the same since last visit. The current medications are Butrans patch, Naproxen, Norco, Terazosin, Lisinopril, and Atorvastatin. Treatment to date has included medication management, X-rays, MRI studies, rest, ice, physical therapy (limited benefit), electrodiagnostic studies, epidural steroid injection (temporary relief), and surgical intervention. The plan of care includes prescription refill for Norco. It should also be noted that progress notes dated 11/21/14 show the injured worker having decreased pain from 8/10 to 3/10 with improved walking from 20 mins to 40mins with the use of Norco. Similar findings were noted on subsequent progress notes on 12/12/14, 1/7/15, 2/11/15, and 2/18/15. However a Butrans patch was started for the injured worker and a subsequent note on 3/27/2015 states that Motrin alone decreases pain from a 4/10 to a 1/10. A prior utilization review denied

the request for Norco #90 due to lack of documentation of risk assessment and abuse deterrence drug screen. A weaning dose was given on 3/10/2015 after failure of a peer to peer communication was attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #901: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Norco (Hydrocodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is currently improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. It is noted that in the past there was clear documentation of improved function and pain with Norco however on the most recent documents it is noted that Motrin alone is improving the injured workers pain and function. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, and the last reviewing physician allowed for a tapering dose. In light of the above issues, the currently requested Norco (Hydrocodone/Acetaminophen) is not medically necessary.