

Case Number:	CM15-0067738		
Date Assigned:	04/15/2015	Date of Injury:	09/04/2008
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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, Tennessee
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 53-year-old male, with a reported date of injury of 09/04/2008. The diagnoses include lumbar radiculopathy, cervical radiculopathy, internal injury, lower leg joint pain, hand pain, and chest wall pain. Treatments to date have included transforaminal epidural steroid injection, Norco, Lidoderm patch, Aleve, Tylenol, Hydrocodone-acetaminophen, Celebrex, Lyrica, Cymbalta, and an MRI of the lumbar spine. The progress report dated 03/18/2015 indicates that the injured worker complained of low back pain which radiated down the left thigh, calf, and foot. There was also a complaint of numbness over the left forearm. The low back pain was rated 8 out of 9; the left leg pain was rated 9 out of 10, without medications. The pain would decrease to 7 out of 10 with medications. It was noted that his activity level had increased, he was taking his medications as prescribed, the medications were working well, and there were no side effects reported. The objective findings include restricted cervical range of motion with pain, tenderness of the bilateral paravertebral muscles, tenderness at the paracervical muscles and trapezius, tenderness of the thoracic bilateral paravertebral muscles, tenderness of the thoracic spinous process, restricted lumbar range of motion with pain, tenderness and tight muscle band of the left lumbar spine, and decreased sensation to pinprick over the L5 lower extremity dermatome on the left side. The treating physician requested Norco 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving opioid medications since at least January 2014 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized.