

Case Number:	CM15-0069223		
Date Assigned:	04/16/2015	Date of Injury:	02/01/2013
Decision Date:	05/20/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/13/2015

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, Texas
 Certification(s)/Specialty: 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 49-year-old male who sustained an industrial injury on 02/01/2013 after being assaulted by three men resulting in chronic residual pain in his spine neck, right knee and left arm plus constant headaches. On provider visit dated 02/23/2015 the injured worker has reported cervical spine, lumbar spine, right knee and bilateral hip pain. On examination of the cervical spine diffuse tenderness was noted to paraspinals, as well as spasms and hypertonicity, and tenderness was noted in the suboccipital region as well. Lumbar spine revealed diffuse tenderness to the paraspinal; kemps test was positive as well as the bilateral positive straight leg raise. Right knee revealed medial joint line tenderness and pain with range of motion. Right wrist was noted to have right wrist dorsal tenderness and swelling over the distal radius. There was limited wrist extension noted. The diagnoses have included status post blunt head trauma with associated cephalgia - rule out post-concussion syndrome, cervical spine strain/sprain with radiation to the upper extremities, thoracic strain, status post lumbar fusion with status post hardware removal aggravated industrial assault on 02/01/13, bilateral shoulder sprain, right wrist spring, right knee sprain and right wrist sprain. Treatment to date has included medication, laboratory studies and diagnostic studies. The provider requested Norco 10/325mg #60 1-2 tabs by mouth every six hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 1-2 tabs by mouth every six hours as needed for pain: Upheld

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

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

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case, the patient has been taking Norco for long term management of chronic pain. The documentation doesn't address that the patient has been monitored for abuse with urine toxicology or that the lowest effective dose is being used. Furthermore, there is no documentation of significant functional improvement. The requested treatment is not medically necessary.