

Case Number:	CM13-0012983		
Date Assigned:	12/11/2013	Date of Injury:	05/31/2002
Decision Date:	01/17/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old male who reported an injury on 05/31/2002. The mechanism of injury was not stated. The patient's symptoms include right knee pain, with radiation to the right side of his back and right leg, and low back pain. He rated his pain at 7/10 at his most recent visit. Medications were noted as AcipHex 20 mg 1 daily, Celebrex 200 mg 1 every 12 hours, Lyrica 75 mg 1 every 12 hours, MS-Contin 15 mg extended release 1 to 2 pills every 12 hours, Provigil 200 mg twice a day, Tylenol with Codeine No. 3 twice a day, and Zebeta 5 mg daily. The patient's diagnoses were noted as unspecified disorder of lower leg joint, myofascial pain syndrome, and lumbar disc degeneration. Documentation states the patient had been stable on his current medication regimen and had been able to maintain function, especially with activities of daily living. He reported having significant somnolence which interfered with his daily activities from the MS-Contin. He reports the Provigil did not alleviate the somnolence secondary to the medication. Due to the significant side effect, the MS-Contin was discontinued and Norco 4 times a day was prescribed. It was noted the patient had tolerated Norco well in the past without side effects; the benefits and risks of opioid medications were explained to the patient and he stated full understanding and agreed to proceed.

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IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: California MTUS Guidelines state the criteria for use of opioids includes the establishment of a treatment plan. It further states the use of opioids should be part of a treatment plan that is tailored to the patient and questions should be asked prior to starting the therapy, to include whether there are reasonable alternatives to treatment and, if so, whether they have been tried, whether the patient likely to improve, whether there is a likelihood of abuse or adverse outcomes, and whether there are red flags indicating the opioids might not be helpful. The patient was noted to have symptoms of pain related to his diagnoses. It was noted he had tried MS-Contin which had caused side effect of somnolence and was therefore, placed on Norco which he stated he had taken before with good relief and no side effects. The documentation of the prescription for Norco included details as recommended in the guidelines for a therapeutic trial of opioids. Therefore, the request is supported and is certified.