

Case Number:	CM13-0024656		
Date Assigned:	12/04/2013	Date of Injury:	03/23/2007
Decision Date:	02/21/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine 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 49-year-old male with a dated injury of March 23, 2007. The patient has right shoulder, upper extremity, and lower back pain with radiation down both legs. The patient had left wrist radial tendon and de Quervain's release in 3/2008 and a revision surgery on 7/22/2009 and a reconstruction of the first compartment retinaculum in 5/2010. The patient also had right RC repair in 6/2008. The patient has had injections and PT. The patient going walk two blocks with his pain. The patient has been taking Opana which he states has been helpful in decreasing pain in allowing him greater function and sleep. He states the Opana reduces pain from an 8 to a 6 and allows for 2 more hours of sleep. The patient currently takes 4-5 tabs of Norco daily for pain. The patient has a negative UDS for Opana and Norco; there is no date for the reported drug screen. It was in the PTP report dated 7/25/13. The patient claims that it is negative due to the medication not being authorized. The patient has had an ESI in the lumbar spine that previously resulted in a decrease in medication and 60% pain relief. The PTP is looking to continue Opana to reduce the patients Norco use. The patient had an ESI on 9/24/13 and reduced his use of Norco. However, in 11/2013 the patient has used increasing doses of Norco due to increased knee and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids ongoing management Page(s): 77-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

Decision rationale: CA MTUS does not recommend long-term use of opioid medications for chronic low back pain. In addition, the documentation given by the provider does not indicate any functional improvement or reduction in pain. Chronic Pain Medical Treatment Guidelines for chronic pain note that a satisfactory response to treatment may be indicated by the individual's decreased pain, increased level of function, or improved quality of life. It does not show that the patient has had any improvement in his activities of daily living or reduced restrictions at work or return to work. Guidelines require documentation of these effects for this medication, especially for continued use. For chronic relief greater than 16 weeks the efficacy is unclear. In addition, guidelines do not recommend long term use of opioids for chronic low back pain as his medications has been used for an extended period of time, these criteria are important to evaluate the efficacy of this medication. The medication appears to provide some relief, but the relief is not evaluated and appears to be limited. The treatment request is not meet guidelines and is therefore not necessary.