

Case Number:	CM13-0049289		
Date Assigned:	12/27/2013	Date of Injury:	09/14/1993
Decision Date:	02/24/2014	UR Denial Date:	10/27/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain and is licensed to practice in California. He 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 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 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:

57y/o male injured worker with date of injury 9/14/93 with related cervical spine pain that radiates to the bilateral shoulders. He is diagnosed with degeneration lumbar/lumbosacral intervertebral disc; brachial neuritis or radiculitis; depressive disorder; insomnia; displacement of the lumbar intervertebral disc without myelopathy; opioid dependence; primary localized osteoarthritis; lumbosacral spondylosis without myelopathy; and thoracic/lumbosacral neuritis/radiculitis. He has been treated with L4-L5 lumbar epidural with lumbosacral epidurogram 2/6/13. The documentation submitted do not indicate that the injured worker has received physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Norco 10/325 mg #180: Overturned

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

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

Decision rationale: Per MTUS CPMTG, hydrocodone is indicated for moderate to moderately severe pain. With regard to long-term users of opioids, and strategies for maintenance, MTUS

recommends: "(a) Do not attempt to lower the dose if it is working. (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication." Review of the submitted medical records indicates that the injured worker stated per 10/2/13 report, although he is never pain free, he has a decrease in his pain to a manageable level and an increase in function and quality of life while using mscontin in conjunction with norco. 11/12/13 note, which was unavailable to the UR physician, states that his pain level goes from a 10 down to as low as a 2 on a 0-10 pain scale when he uses the medication. Without the medication, the injured worker states he would be bedridden and would not be able to provide self-care activities. I respectfully disagree with the UR physician's assertion that utilizing norco has failed to provide functional improvements, as without the medication the patient would be bedridden. I agree with the UR assertion that 6 pills a day of a 4-hour medication represents essentially another long acting agent, however, the documentation represents it is safe and effective, and thus medically necessary. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by the treating physician in the documentation available for review. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (ie CURES report, UDS, opiate agreement) and assure safe usage are needed. It is noted per 11/12/13 note that the injured worker has an opioid maintenance contract and is compliant with all of his urine drug screens. The request is medically necessary.