

Case Number:	CM14-0006269		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2003
Decision Date:	07/21/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/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:

This is a 55-year-old male patient with a 3/27/03 date of injury. The mechanism of injury was not provided. A 12/6/13 progress report indicated that the patient had severe neck pain and unchanged left hand pain. He reported that the pain disabled him and he was not able to work. Objective findings demonstrated tenderness to palpation at the left lower neck. There was slightly decreased range of motion in flexion, extension, lateral flexion and rotation. On 12/4/13 a progress report documents that the patient sleeps and is sedated during the day. Objective findings showed that he is very sedated stretched out on a couch and barely responsive. He was diagnosed with left hand injury, status post surgery, chronic left hand pain, neck pain with referring pain from the left upper extremity, and depression. Treatment to date: cervical ESI and medication management. There is documentation of a previous 12/27/13 adverse determination that was modified. The quantity that the Norco was modified to was not specified. The request was modified because the patient did not have functional improvement, he was taking opioids over 10 years and the patient did not exhaust attempts to utilize analgesic adjuvants including SNRI and TCA anti-depressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO UNITS OF NORCO 10/325 MG #240 TO ALLOW THE PATIENT THIS ONE REFILL FOR THE PURPOSE OF WEANING TO DISCONTINUE, WITH A REDUCTION 10% PER WEEK OVER A WEANING PERIOD OF THREE MONTHS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, recent progress report revealed that the patient still complained of pain, and there was no documentation of functional gain or significant pain relief. In addition a progress report from 12/4/13 indicates the patient was over-sedated and slow to respond. Guidelines do not support ongoing opiate use in the setting of adverse side effects. Opiates should not be continued in a patient demonstrating over-sedation due to the risk of opioid-induced respiratory depression. Therefore, the request for TWO UNITS OF NORCO 10/325 MG #240 TO ALLOW THE PATIENT THIS ONE REFILL FOR THE PURPOSE OF WEANING TO DISCONTINUE, WITH A REDUCTION 10% PER WEEK OVER A WEANING PERIOD OF THREE MONTHS was not medically necessary.