

Case Number:	CM14-0007265		
Date Assigned:	02/12/2014	Date of Injury:	12/27/2000
Decision Date:	07/21/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/20/2014

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:

Patient is a 64-year-old male who has submitted a claim for lumbar pain, lumbar radiculopathy, degenerative disc disease, insomnia and anxiety associated with an industrial injury date of 12/27/2000. Medical records from 2012-2013 were reviewed which revealed consistent pain in bilateral legs, neck, bilateral shoulders, buttocks, thoracic spine, bilateral hips and lower back. Average pain scale was 4/10. Pain was made worse by lifting, sitting, bending, physical activity, stress, standing and twisting. Pain was relieved by sleep, rest, intake of medications, walking and changing positions. Physical examination showed no deformity or scoliosis of the thoracic or lumbar spine. No neurologic deficits noted. MRI of the lumbar spine dated 6/12/2007 showed mild degenerative bone and disc disease in the lower lumbar spine. Treatment to date has included, s/p right shoulder arthroscopy in 2003, left shoulder surgery (open) in 2007, physical therapy sessions and lumbar epidural injections. Medications taken include, Ambien, Norvasc, Xanax, Hyzaar, Cymbalta, Protonix, Flomax, Aspirin, Norco and Kadian. Utilization review from 1/16/14 did not indicate the reason for denial of Norco 10/325 #90 and 60 capsules of Kadian (Morphine Sulfate).

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TABLETS OF NORCO (HYDROCODONE-ACETAMINOPHEN) 10-325 MG:

Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated 12/31/2012. Progress report dated 12/6/13 mentioned that Norco 10/325 mg helped him to increase his daily activities. In addition, pain was decreased by at least 30% associated with its use. Furthermore, no adverse effect was noted with the use of Norco. Guidelines have been met. Therefore, the request for 90 TABLETS OF NORCO (HYDROCODONE-ACETAMINOPHEN) 10-325 MG is medically necessary.

60 CAPSULES OF KADIAN (MORPHINE SULFATE) 50 MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 78.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Kadian, brand name of Morphine Sulfate, was dated 12/31/2012. Progress report dated 10/2/13 mentioned that Kadian helped him to decrease his pain level to 2/10 from his average pain scale of 4/10. In addition, intake of this medication allowed him to reduce intake of Norco from 8 tabs/day to every 3 days. Furthermore, no adverse side effects noted with intake of Kadian. Guidelines have been met. Therefore, the request for 60 CAPSULES OF KADIAN (MORPHINE SULFATE) 50 MG is medically necessary.