

Case Number:	CM14-0107373		
Date Assigned:	09/15/2014	Date of Injury:	07/16/1994
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/10/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 52 year old female with complaints of bilateral shoulder and knee pain, upper and lower back pain, ankle pain. The date of injury is 7/18/94 and the mechanism of injury is not elicited. At the time of request for the continuation of narcotic medications: 1. Norco 2. Fentanyl patch (at the prescribed dosing well documented and consistent in multiple progress notes in the medical records supplied), there is subjective (neck pain, low back pain, shoulder pain, knee pain) and objective (incisional scars right knee, crepitus with motion, cervical tenderness, decreased sensory radial forearm and lumbar tenderness) findings, imaging findings (Shoulder right MRI shows rotator cuff tear near full thickness, anterior labrum tear, glenohumeral degeneration with grade 3 chondromalacia and possible rupture of the biceps tendon, Knee films normal left knee and right knee degenerative joint disease/osteophyte formation), diagnoses (lateral compartment osteoarthritic right knee, rotator cuff tear/labral tear/degenerative changes right shoulder, degeneration of lumbar intervertebral disc, degeneration of cervical intervertebral disc, chronic pain syndrome), and treatment to date (surgeries, physical therapy, medications). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of narcotic medications (Norco): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply the majority of this information, it is my opinion that the request for continuation of narcotic medications (Norco)is medically necessary.

Continuation of narcotic medications (Fentanyl Patch): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply the majority of this information, it is my opinion that the request for continuation of narcotic medications (Fentanyl Patch) is medically necessary.