

Case Number:	CM14-0011107		
Date Assigned:	02/21/2014	Date of Injury:	08/13/2003
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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:

The injured worker is a 58 year old male injured on 08/13/03 due to chemical burns to the hands, feet, and lungs while utilizing chemical cleaner during normal work duties. Current diagnoses included right carpal tunnel syndrome, left carpal tunnel syndrome, hypertension, bilateral hand and foot chemical neuritis secondary to chemical exposure, and multiple level degenerative disc disease of the cervical/lumbar spine, moderate to severe disc height loss with posterior disc herniation at L5-S1. Clinical note dated 11/19/13 indicated the patient presented reporting increasing pain due to cooler weather resulting in increase in oxycodone and decrease in Norco to cover his pain longer and more sufficiently. There were no physical examination findings provided for review. Current medication regimen included Lyrica 25mg one to two QHS, Norco 10-325mg Q4 hours, oxycodone 30mg Q8 hours, MS Contin 30mg BID. However, the patient was unable to alter medication regimen due to oxycodone limits. The initial request for Norco 10/325mg every six hours as needed #120 was initially partially certified on 01/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG EVERY 6 HOURS AS NEEDED #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS-PAIN TREATMENT AGREEMENT, 89

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of chronic pain medical treatment guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant continued use of narcotic medications. There was no clear documentation regarding functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition no recent opioid risk assessments regarding possible dependence or diversion were available for review, further, current evidence based guidelines recommended dosing not exceed 120mg oral morphine equivalents per day. The current medication regimen equaled 235mg morphine equivalents per day significantly exceeding the recommended guidelines. As the clinical documentation submitted for review did not support an appropriate evaluation for the continued use of narcotics and establish the efficacy of narcotics, the medical necessity of Norco 10/325mg every six hours as needed #120 could not be recommended as medically necessary. This reviewer agreed with the prior utilization review on 01/10/14 with partial certification for weaning purposes.