

Case Number:	CM14-0014844		
Date Assigned:	07/02/2014	Date of Injury:	05/08/2001
Decision Date:	08/07/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/05/2014

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 California. 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 67-year-old female who reported an injury on 05/08/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 06/12/2014 indicated diagnoses of history of right foot metatarsal fracture, lumbar degenerative disc disease, history of 2 spinal cord stimulator implants (the second with a laminotomy lead), a history of right knee internal derangement, history of left knee patella fracture, and tendinitis of the bilateral shoulders secondary to the use of crutches and a cane. The injured worker previously completed a detoxification program on 12/02/2013, and was discharged on 01/01/2014. She remained symptomatic with pain. The injured worker reported chronic right shoulder pain, right leg pain, and left shoulder pain. She report difficulty with ambulation. The injured worker reported difficulty performing her activities of daily living and remained symptomatic with insomnia. The injured worker reported she continued medication management for her chronic pain. The injured worker rated her pain at an 8/10; without medications, she rated her pain at 10+/10. The injured worker reported increased pain since reducing her opioid medication. She participated in activities of daily living and cared for her ill husband. The injured worker reported without medications, she would be unable to perform these tasks and would be confined to bed. The provider noted that the injured worker showed no evidence of drug seeking behavior, was utilizing her medication as prescribed, and had no intolerable side effects. The injured worker signed an opioid agreement and remained compliant with those terms. On physical examination, the injured worker had restricted range of motion in both shoulders and upper extremities, with tenderness to palpation over the right distal radius. The examination of the thoracic spine revealed persistent chronic tenderness over the upper thoracic spine that radiated into the left chest wall. The examination of the low back revealed tenderness to the bilateral paraspinous at the lumbosacral junction with mild to moderate palpable muscle

spasms. The injured worker's prior treatments included diagnostic imaging, surgery and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg. #120 QID to allow the patient this one refill of Norco 10/325 mg, #120 for the purpose of weaning to discontinue, with a reduction of medication by 10% per month over a weaning period of 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg. #120 QID to allow the patient this one refill of Norco 10/325 mg, #120 for the purpose of weaning to discontinue, with a reduction of medication by 10% per month over a weaning period of 3 months is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported increased pain and rated her pain at 8/10. There was a lack of quantified pain relief and functional improvement with the use of this medication. In addition, the injured worker has been prescribed Norco since at least 05/2013. This exceeds the guideline recommendations for short-term use. Furthermore, the documentation did not indicate when the injured worker last had a urine drug screen. Therefore, the request for Norco 10/325 mg #120 4 times a day to allow the injured worker this one refill of Norco 10/325 mg #120 for the purpose of weaning to discontinue, with a reduction of medication by 10% per month over a weaning period of 3 months is not medically necessary.