

Case Number:	CM14-0131363		
Date Assigned:	08/20/2014	Date of Injury:	06/19/2011
Decision Date:	09/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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 52-year-old female with a 6/19/11 date of injury. She was injured when she fell down a flight of stairs and developed pain in her right elbow and right side of her neck. On 7/22/14, the patient states that her pain before medication is a 9/10 and after medication is a 4/10 with a combination of Norco, Neurontin, and Motrin. There are no side effects other than constipation, but Colace helps with this. Her last UDS (urine drug screen) was consistent. No aberrant behavior was noted. Objective exam: no significant change. Diagnostic Impression: Complex Regional Pain Syndrome, Right Rotator Cuff Tear with Impingement Syndrome, Cervical Strain, Lumbar Strain, Bilateral Hip Strain, Left Knee Sprain. Treatment to date: Medication management, activity modification. A UR decision dated 8/8/14 denied the request for Norco because there have been multiple prior recommendations to wean Norco, but the patient remains on 8 Norco per day. This patient has a diagnosis of CRPS (complex regional pain syndrome), and guidelines state that there are no long-term studies demonstrating efficacy of opioids as treatment for CRPS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective - Norco 10/325mg, 8 a day #480, dispensed 07/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, it is documented that there have been multiple prior recommendations for the provider to initiate tapering. There is no documentation that the tapering has been addressed with the patient. In addition, this request is for 480 tablets of Norco, which is excessive. If the patient is taking 8 Norco tablets daily, a 1 month supply would be 240. Furthermore, taking 8 tablets of Norco daily puts the patient at high risk of hepatotoxicity from long-term acetaminophen exposure. This patient has a 2011 date of injury, and her duration of opiate use is unclear. Therefore, the request for Retrospective-Norco 10/325 mg, 8 a day #480, dispensed 7/22/14, is not medically necessary.