

Case Number:	CM14-0179705		
Date Assigned:	11/04/2014	Date of Injury:	08/27/2002
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Practice 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:

According to the medical records the patient is a 40-year-old female who sustained an industrial injury on August 27, 2002. Past surgical history consists of global lumbar fusion in 2003. The patient is currently followed for complex regional pain syndrome and sacroiliitis. Utilization review was performed on October 14, 2014 at which time the request for Norco 10/325 #120 was modified to allow #90. The request for urine drug screen was noncertified. The request for Kadian 10 mg # 60 was certified. The prior peer reviewer noted that the continued use of opioid medication is not supported for this patient. It was noted that the guidelines only support continued use of medication where there is documented improve pain and functioning. It was noted that over the past few months, the patient's overall pain has progressively increased despite the continued use of opioid medications. It was noted that in January 2014 the patient's pain was reported as 4/10 and the pain has progressed to 7/10. It was further noted that specific improved function was not documented. At the time of the prior peer review on October 1, 2014 report was reviewed. Per this report, the patient was seen for low back pain and left lower extremity complex regional pain syndrome (CRPS). Medications included atenolol, birth-control pills, Imitrex, Kadian, Lipitor, Norco, and Topamax. It was noted that the medications help with pain and allow function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

Decision rationale: The medical records indicate that the patient has been on opioid medications for an extended period of time. Evidence-based guidelines do not recommend chronic use of opioids due to development of habituation and tolerance. Furthermore, the guidelines state that pain may be improved with weaning of opioids. In this case, the patient is noted to be on both short and long-acting opioids. The prior peer reviewer has recommended certifying the long-acting opioid. Short acting Norco was modified to allow #90 to allow for weaning. As such, the request for prospective request for 1 prescription of Norco 10/325mg #120 is not medically necessary.