

Case Number:	CM14-0182864		
Date Assigned:	11/07/2014	Date of Injury:	04/10/1991
Decision Date:	12/12/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine 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:

Pursuant to the office visit note dated October 23, 2014, the IW complains of ongoing lower back pain with radiation down both lower extremities, left greater than right. She also complains of increased pain in her left shoulder, aggravated by any type of overhead activities. Physical examination reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the cervical and paraspinal muscles. She has decreased range of motion (ROM). The IW has been diagnosed with cervical spine strain/sprain syndrome, left shoulder internal derangement with labral tear, lumbar spine strain/sprain syndrome with herniated nucleus pulposus at L4-L5 and L5-S1, bilateral lower extremity radicular symptoms, refractory depression/anxiety, numerous dental carries, right knee sprain/strain, medication induced gastritis and possible irritable bowel syndrome. Examination of the left shoulder reveals tenderness to palpation along the shoulder joint line. No shoulder subluxation is noted. There is no erythema or redness along the shoulder joint. She has decreased ROM with shoulder abduction when compared to the right. Current medications include Percocet 10/325mg, Norco 10/325mg, Neurontin 300mg, and Prilosec 20mg. Documentation indicated that the IW has been on Norco since at least April of 2014. Plan recommendations include refill of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg #240: 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 Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request September 26, 2014 for Norco 10/325 mg #240 is not medically necessary. Chronic opiate use documentation needs to reflect ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There should be detailed pain assessments in the record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker has been on Duragesic, Percocet which he takes 4 to 5 tablets a day as well as Norco 10/325 for breakthrough pain in an April 29, 2014 progress note. Additionally in the April 29, 2014 progress note, the injured worker was taking Adderall and Xanax from her psychiatrist. The next progress note is dated October 23, 2014. It states the injured worker was able to wean herself off Duragesic but has not been able to manage her Percocet 10/325 mg which she takes 6 to 8 tablets a day as well as Norco 10/325 mg for which he takes about four tablets a day for breakthrough pain. Treating physician feels two short acting medications rather than a long-acting OxyContin is better suited to keep her pain level down. She continues Adderall and Xanax. The medical documentation does not reflect ongoing review and documentation. The medical record does not contain entries showing objective functional improvement. The injured worker claims she is able to function with her Percocet and Norco but the entries lack objective information. There is no indication for chronic treatment with two opiates. Additionally, there was no discussion as to whether the injured worker was a low risk, intermediate or high risk for misuse or abuse due to the multiple narcotic opiates used. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective request September 26, 2014 Norco 10/325 mg #240 is not medically necessary.