

Case Number:	CM14-0044823		
Date Assigned:	07/02/2014	Date of Injury:	11/23/2010
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 53-year-old female with a reported date of injury on 11/23/2010. The mechanism of injury was noted to be a trip and fall. Her diagnoses were noted to include chronic pain syndrome, cervical spondylosis without myelopathy, lumbar sprain/strain, generalized osteoarthritis, obesity, other specified disorders of the shoulder joint and other internal derangement. Her previous treatments were noted to include medications, spinal injections, physical therapy, massage therapy, surgery, psychotherapy interventions, and acupuncture. The progress note dated 06/25/2014 revealed neck and upper thoracic pain, left elbow pain, and lower back pain radiating to the right buttock. The physical examination revealed mild discomfort and positive pain behavior. There was a diminished range of motion noted to the neck and it was restricted mainly with right lateral rotation and painful with right lateral rotation. Range of motion was limited at both shoulders with abduction and painful at the left shoulder. Tenderness was appreciated over the aspect of the left shoulder joint more than the lateral aspect. The lower extremities revealed interventional rotation of the right hip joint was extremely painful with duplication of pain in the groin. The injured worker had tenderness noted over the mid cervical facets on the right and tenderness over the lower lumbar facets on the right. There was a positive facet loading test bilaterally right worse than left and the spine extension was restricted and painful on the right. There was tenderness noted over the anterior aspects of both shoulder joints with the left side worse than the right. There were coarse tremors of the hands and forearms noted and extreme tenderness to palpation over the posterior left acromioclavicular joint. The internal and external rotation of the right hip joint caused her to have significant groin pain and the cross leg test caused her to have significant increase in hip joint pain. Her medication regimen included fentanyl 25 mcg/hour patch 1 every 48 hours, Norco 10/325 mg 1 tablet every 6 hours as needed for breakthrough pain, max of 3 per day, ramipril 20 mg 1 capsule once a day,

Savella 50 mg 1 tablet twice a day, glimepiride 2 mg 1 tablet with breakfast or first meal of the day, citalopram hydrobromide 40 mg as directed, Topamax 50 mg 1 tablet at bedtime 3 times a day, Estrace 1 mg 1 daily for 3 weeks, Synthroid 200 mcg 1 daily on empty stomach, Pepcid 20 mg 1 twice a day, Janumet 50/1000 mg 1 tablet with meals twice a day, liothyronine sodium 5 mcg 1 on an empty stomach daily. The request for authorization form dated 06/25/2014 was for Norco 10/325 #90 for chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 101.

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

Decision rationale: The request for Norco 10/325 mg #90 is non-certified. The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated her pain was usually rated 3/10 to 4/10. The injured worker indicated the pain was worse as well as sleep pattern and functionality due to decrease in medication usage. There were no adverse effects noted with the utilization of this medication. The documentation indicated that the injured worker had not shown any aberrant drug taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding significant pain relief, increased function, absence of adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.