

Case Number:	CM14-0046528		
Date Assigned:	07/02/2014	Date of Injury:	07/08/2003
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/15/2014

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 Occupational 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:

This case involves a 51 year old female who sustained an injury on 07/08/2002 due to a fall. On 02/26/2014, the injured worker was given Norco to take twice a day for breakthrough pain however, it was noted that she takes 4 tablets a day in addition to her Oxycontin. It was noted that the Oxycontin was tapered down from 20mg to 10mg. On 03/07/2014, she complained of an acute flare-up of pain to her left shoulder, left elbow, right leg and bilateral knees. She reports significant insomnia due to the pain. Objective findings show tenderness of the right shoulder to the elbow and down her right arm. There is also a decreased range of motion in the right shoulder and bilateral knees. In addition, she uses a walker for stability. The diagnostic impression is degenerative joint disease, lumbar spine, left shoulder, and post-surgical bilateral knee pain. Treatment to date includes surgery and medication management. A Utilization Review (UR) decision dated 03/20/2014 denied the request for Norco 10/325mg #60 because the progress reports did not provide a clear rationale for adding another Opioid when Oxycodone was already prescribed. Prior to adding a second opioid, a clear rational must be provided by the prescribing physician. The records did not clarify if the patient had appropriate urine drug screens, no aberrant behavior, and a signed opioid agreement with the prescribing physician. In addition, it was noted that the patient had been recommended a weaning schedule for several months with no evidence that a weaning schedule has occurred.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg 1 PO bid #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

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. In addition, the prescriptions 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, she was recommended to begin a taper of her OxyContin, and it appears that the Norco was prescribed twice a day for breakthrough pain. She took at least 4 tablets a day of Norco because of unrelieved pain instead and it was noted that the OxyContin was also increased back to 20mg. In addition, a urine drug screen reported dated 2/11/14, was positive for THC with no discussion noted. There is no documentation of functional improvement, lack of adverse side effects or aberrant behavior, or continued analgesia with the use of opiates. In addition, there is no documentation of a CURES Report or an opiate pain contract signed. The request noted in the records was for Norco 10/325mg #60, not #80. Therefore, the request for Norco 10/325mg #60 is not medically necessary.