

Case Number:	CM14-0053582		
Date Assigned:	07/07/2014	Date of Injury:	02/07/2000
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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:

The injured worker is a 73 year-old female who was injured on February 07, 2000 due to an undisclosed mechanism of injury. The most recent progress noted dated May 27, 2014 indicates continued complaints of right shoulder and right knee pains, consistent with current diagnoses. Pain is rated at 7/10 on the pain scale with 10/10 being worst. It was noted that the injured worker is obtaining functional pain control with the following medications: Vicoprofen 7.5 milligrams four times daily or as needed, Norco 10/325 milligrams every four to six hours, and Fentanyl 50 micrograms every other day. It is further noted that the injured worker is employed full time. The progress note indicates a history of right total knee replacement and status post right shoulder joint replacement. The current request is for Vicoprofen, Fentanyl, and Norco which was denied by a prior utilization determination dated April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation ACOEM Opioid Guidelines 2014, online version.

Decision rationale: The injured worker is using three opioids, exceeding the recommended maximum of 100 mg of Morphine or an equivalent dosage (MED) per day, above which risks and adverse effects increase sharply. The injured worker still reports a pain level of 8/10, suggesting a lack of efficacy. This is inconsistent with the patient's reported level of function and post-operative status. Therefore, the request for Norco 10/325mg #360 is not medically necessary.

Vicoprofen 7.5/200mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation ACOEM opioid guidelines, 2014, online version.

Decision rationale: The injured worker is using three opioids, exceeding the recommended maximum of 100 mg Morphine or an equivalent dosage (MED) per day, above which risks and adverse effects increase sharply. The injured worker still reports a pain level of 8/10, suggesting a lack of efficacy. This is inconsistent with the patient's reported level of function and post-operative status. Therefore, the request for Vicoprofen 7.5mg #240 is not medically necessary.

Fentanyl 50MCG/HR #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation ACOEM Opioid Guidelines, 2014, online version.

Decision rationale: The injured worker is using three opioids, exceeding the recommended maximum of 100 mg Morphine or an equivalent dosage (MED) per day, above which risks and adverse effects increase sharply. The injured worker still reports a pain level of 8/10, suggesting a lack of efficacy. This is inconsistent with the patient's reported level of function and post-operative status. Therefore, the request for Fentanyl 50mcg #15 is not medically necessary.