

Case Number:	CM14-0054343		
Date Assigned:	07/07/2014	Date of Injury:	08/16/2010
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 patient is a 40-year-old female, who has submitted a claim for complex regional pain syndrome, type I; Degeneration of lumbar intervertebral disc and injury of ankle associated with an industrial injury date of August 16, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant low back pain and pain on the right lateral thigh. The physical examination of the back showed tenderness on the transverse process on the left at L5. Extreme weakness and muscle atrophy was noted in the right lower extremity. Treatment to date has included Cymbalta, Gabapentin, Lyrica, Lidoderm, Norco and home exercise program. The utilization review from April 11, 2014 denied the request for Norco 10mg-325mg tablet: 1 tablet every 8 hours PO (by mouth) PRN (as needed) for 30 days, QTY: 90 tablets, Refills: 2 for weaning to discontinue over 3 months because, no functional improvement and urine drug screen was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg tablet: 1 tablet every 8 hours po (by mouth) prn (as needed) for 30 days, QTY: 90 tablets, Refills: 2 for weaning to discontinue over 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the California MTUS Guidelines, ongoing opioid treatment is not supported unless 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. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. Given the 2010 date of injury, the duration of opiate use to date is not clear. The medical records did not clearly reflect continued analgesia or continued functional benefit from opioid use; hence, the plan to start weaning from opioids. The medical necessity was established. Therefore, the request for Norco 10mg-325mg QTY: 90 Refills: 2 for weaning to discontinue over 3 months is medically necessary.