

Case Number:	CM14-0057667		
Date Assigned:	07/09/2014	Date of Injury:	06/25/1996
Decision Date:	09/24/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Practice and is licensed to practice in Texas and Missouri. 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 58-year-old male who reported a work related injury on 05/25/2001, the mechanism of injury was not specified in documentation. The injured worker has diagnoses of Parkinson's disease, degenerative disc disease, bilateral carpal tunnel syndrome, degenerative disc disease, arachnoiditis of the lumbar spine; spondylolisthesis are L2-L3 and L3-L4, neurogenic sexual dysfunction, and facet arthroplasty. Past treatments have included medication and surgery. Diagnostic studies have included an EMG/NCS to bilateral upper extremities on 12/18/2013, revealing bilateral median nerve entrapment neuropathy at the level of the wrist that was severe on one side with active signs of denervation, and a drug screen on 04/12/2013 which noted Alprazolam was detected, which was not expected based on prescribed medications. The injured worker has undergone a fusion at L4-5 and L5-S1 with a date not specified in documentation provided. The injured worker complained of ongoing low back pain and poorly controlled radicular symptoms in his lower extremities. The patient also experienced numbness and tingling in his right hand and upper extremities with pins and needles in the left hand, the symptoms in his left hand radiate to the left shoulder. The injured worker rates pain as 7 out of 10 on an exam dated 01/15/2014. On 04/09/2014, it was noted that the injured worker reported increased pain in his bilateral hands. However, it was also noted that he had been stable on his medications for an extended period of time and that he reported decreased pain and increased function, as well as the absence of side effects, and aberrant drug behaviors. Medications include 75 mcg Fentanyl patch, one 30 mg tablet of oxycodone, one 100 mg tablet of Viagra, and one 60 mg capsule of Cymbalta. The injured worker was tolerating medications, however, it advised to transition from a short-acting agent to a long-acting agent. The patient was transitioned off of Oxycodone to Fentanyl patches. The treatment plan was for Norco 10/325mg. The rationale for this request was pain relief. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, ; Opioids, dosing Page(s): 78; 86.

Decision rationale: The injured worker has a history of ongoing low back pain and poorly controlled radicular symptoms in his lower extremities. The California Medical Treatment Utilization (MTUS) Guidelines state that the ongoing monitoring of patients taking opioid medications should include detailed pain assessments with documentation of current pain; average pain, intensity of pain after medication, length of time it takes for opioids to provide relief, and how long pain is relieved. Four domains have been used as most relevant for ongoing monitoring of chronic pain for patients on opioids. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially non-adherent drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. In the documentation provided for review there were no evidence of objective measurable pain relief. The injured worker rated pain at a 7/10 and he was noted to have increased pain at his most recent visit, which does not show a satisfactory response to previous controlled drug use. Additionally, it was noted that he had no evidence of aberrant drug behaviors; however, the most recent urine drug screen was performed over a year ago and the results were inconsistent. Therefore, further evidence of compliance with prescribed medications is necessary. Moreover, the morphine equivalent dose with the Fentanyl patch prescribed is 180mg in 24 hours, which exceeds guideline recommendations of less than 120mg in 24 hours. Furthermore, the request did not include a recommended frequency. For the reasons noted above, the request for Norco 10/325mg is not medically necessary.