

Case Number:	CM14-0059779		
Date Assigned:	07/09/2014	Date of Injury:	05/04/2001
Decision Date:	09/05/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 is a 68-year-old male with a 5/4/01 date of injury. The mechanism of injury was not noted. According to a 6/19/14 progress note, the patient complained of low back pain affecting the left lower extremity. He also noted pain in the left knee. He continues to have hypersensitivity over the area where the spinal cord stimulator internal pulse generator is located. Objective findings: diffuse tenderness to palpation of low back, positive allodynia over the area of the lower lumbar region, decreased minimal allodynia noted dorsal aspect of the left foot, tenderness to palpation over medial and lateral joint line with positive crepitus, ROM limited with full extension secondary to pain. Diagnostic impression: complex regional pain syndrome, left lower extremity; status post original implantation of spinal cord stimulation system; localized peripheral neuropathic pain over the area of internal pulse generator of spinal cord stimulator, altered gait and increased left knee pain, chronic neuropathic pain, opioid-induced constipation. Treatment to date: medication management, activity modification. A UR decision dated 4/22/14 modified the request for Norco from 120 tablets to 90 tablets. The patient's MED is 220 which exceed guideline recommendations of 120 MED. The modification in quantity was to assist in slightly reducing the patient's MED.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-81.

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; 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. According to the most recent progress note dated 6/19/14, the patient is currently taking Opana ER 30 mg twice a day for baseline pain relief and Norco 10/325 mg up to four times a day for breakthrough pain. The patient's combined MED is 310, which exceeds guideline recommendations of 200. A high MED can lead to increased risk of adverse effects, such as sedation. In addition, the last urine drug screen provided for review was from 9/25/13. Therefore, the request for Norco 10/325 mg #120 was not medically necessary.