

Case Number:	CM14-0063787		
Date Assigned:	07/21/2014	Date of Injury:	10/21/2007
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/21/07. He has undergone three left shoulder surgeries and is status post anterior cervical decompression and fusion and revision surgery has been recommended. Treatments have included medications, epidural steroid injections, and a course of physical therapy; from July 2013 through September 2013 he participated in approximately 18 treatment sessions and was discharged. An excellent response to treatment was documented. He was to continue a home exercise program. He was seen by the requesting provider on 09/27/13 and was having ongoing cervical and mid back pain. Pain was rated at 7-8/10. He had increased functional capacity with decreased pain after completing physical therapy. There was cervical facet tenderness with positive Spurling's testing and myofascial pain with trigger points. Fabere testing was positive on the right and there was multilevel facet tenderness. Facet loading maneuvers were positive. There were findings of lumbar trigger points. Medications were Cymbalta, gabapentin, Lidoderm, MS Contin 60 mg #120, Norco 10/325 mg #120, and omeprazole. On 10/03/13 drug screening test results were reviewed. He had developed pain after lifting and twisting and performing repetitive motion movements three weeks before. He was having neck pain and there was pain over the cervical facet joints bilaterally with positive Spurling's testing and myofascial pain with trigger points. Additional testing was ordered. On 03/21/14 neck pain was rated at 5-6/10 and back pain 5-6/10. He had ongoing thoracic pain rated at 8/10. An MRI of the right hip had shown avascular necrosis. He had been seen for an orthopedic evaluation and needed to lose weight prior to hip replacement surgery. He had been told to decrease his narcotic use and had been weaning off Norco with 20 pills for the previous month. Medications were Cymbalta 30 mg every eight hours, gabapentin 3600 mg total per day, Lidoderm two patches, MS Contin 60 mg two in the

morning, one in the evening, and one at bedtime, and Norco 10/325 mg four times per day. He was continued at temporary total disability. On 04/17/14 neck pain was rated at 5-6/10. He was having radicular pain into both arms with weakness. Back pain was rated at 6-7/10 and worsened with extension. He had pain with hip range of motion. He was having thoracic pain rated at 8/10 increased with flexion and extension. He had been found to have moderate to severe sleep apnea and hypogonadism and was beginning treatment. Physical examination findings included a slightly antalgic gait but was otherwise unchanged. He was continued at temporary total disability. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing, Weaning of Medications Page(s): 76-80, 86, 124.

Decision rationale: The claimant has a history of a work injury on 10/21/07. He has undergone three left shoulder surgeries and is status post anterior cervical decompression and fusion and revision surgery has been recommended. He has avascular necrosis of the right hip and is trying to lose weight in preparation for hip replacement surgery. In terms of opioid medications, his morphine equivalent dose is noted to be well in excess of 120 mg per day. The claimant likely has somewhat predictable activity-related breakthrough pain (i.e. incident pain) due to avascular necrosis of the right hip. This is a progressive and often painful condition due to interruption of the blood supply to the hip joint. In this case, the requested Norco is requested for the purpose of attempted weaning from opioid medication. There are no identified issues of abuse or addiction. For opioids a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper and weaning is more complicated with the presence of medical comorbidity and the use of multiple agents. Gradual weaning is recommended for long-term opioid users. Therefore, the requested Norco 10/325mg, #120 for the purpose of weaning is medically necessary and appropriate.