

Case Number:	CM14-0071418		
Date Assigned:	07/16/2014	Date of Injury:	01/18/2011
Decision Date:	09/23/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 55-year-old female, who reported injury on 01/18/2011. The injured worker was noted to be undergoing urine drug screens for aberrant drug behavior. The injured worker's surgical history included a micro lumbar discectomy at L4-5 in 07/2012. The diagnostic studies included x-rays and MRIs. The injured worker's medications included opiates as of 2011. The mechanism of injury was the injured worker was loading a wheelchair into a trunk after lifting an elderly care recipient into the car. The husband drove off too soon, so she lifted and threw the wheelchair and injured her back and shoulder in the process. Other therapies were not provided. The documentation of 02/04/2014 revealed the injured worker had pain in the low back. The injured worker indicated she received 50% pain relief with methadone and was taking Norco 10/325 at a maximum of 6 tablets per day for breakthrough pain. The injured worker indicated her quality of life was 50/100, which was considered good. The injured worker had 80% improvement in function with the use of the combination of methadone and Norco. The injured worker had no side effects nor aberrant drug behavior. The injured worker was able to perform 80% more effective vacuuming, more grocery shopping, and more daily living activities. The treatment plan included methadone at 60 mg per day for 1 year and Norco 10/325 every 4 hours as needed for 1 year. The objective findings revealed the injured worker had trigger points in the bilateral levator group. The injured worker had tightness in the cervical spine. The injured worker had spasms and trigger points in the bilateral gluteus medius and piriformis muscle groups. The documentation indicated the injured worker had an opioid agreement that was signed. The injured worker was noted to be experiencing breakthrough pain. Additionally, the physician performed trigger point injections. The diagnoses included lumbar discogenic pain, lumbar facet pain syndrome, and chronic pain syndrome. There was a Request for Authorization submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg every 4 hours as needed, monthly interval of 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2011. The injured worker indicated that she had a 60% improvement in pain and an 80% improvement in function, which was objectified. This request would be supported. However, the request as submitted failed to indicate the quantity of medication being requested. The clinical documentation failed to provide documentation indicating a necessity for 1 year of medication without re-evaluation. Given the above, the request for Norco 10/325 mg every 4 hours as needed, monthly interval of 1 year, is not medically necessary.

Methadone, 60 mg once each day, monthly interval of 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ongoing management Page(s): 60;78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2011. The injured worker indicated that she had a 60% improvement in pain and an 80% improvement in function, which was objectified. This request would be supported. However, the request as submitted failed to indicate the quantity of medication being requested. The clinical documentation failed to provide documentation indicating a necessity for 1 year of medication without re-evaluation. Given the above, the request for morphine 60 mg once each day, monthly interval of 1 year, is not medically necessary.

