MAXIMUS Federal Services

Case Number:	CM14-0077697		
Date Assigned:	07/18/2014	Date of Injury:	05/08/2001
Decision Date:	09/11/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 67 year old female who was injured on 5/8/2001. She was diagnosed with ankle/foot sprain/strain, fifth metacarpal fracture, chronic headaches, lumbar disc disease, right knee internal derangement, and bilateral shoulder tendinitis secondary to use of crutches and cane. She was treated with a spinal cord stimulator (x2), cane/crutches, psychiatric visits, opioids (including Norco and Kadine), antidepressants, Topamax, Lyrica, Imitrex, muscle relaxants, sleep aids, topical analgesics, Mirapex, NSAIDs, Amitiza, and laxatives. The worker was awaiting surgical consultation to remove laminectomy leads and spinal cord stimulator generator at the time of the request. Prior to the request, the worker had undergone a detoxification in order to reduce her opioid use, which she was able to eliminate Kadian and most of her Norco use successfully. On 4/15/14, the worker was seen by her pain specialist for a check-up. She complained of chronic right shoulder pain, difficulty walking (uses cane/walker), having difficulty doing her normal activities of daily living, and had insomnia (although improved with Restoril use). She reported her pain level with her Norco and other pain medications at an 8/10 on the pain scale, compared to 10/10 without any medication, and reported a worsening of her pain with the reduction in opioids, although there was still some benefit reported from her other medications. Norco was later prescribed for her occasional use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, body part: lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official DisabilityGuidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, the wean was already taking place in a supervised detoxification center. However, she continued to use Norco for occasional breakthrough pain. It is not clear how much benefit her current Norco dosing and frequency was providing her compared to the rest of her medication use. Without a clear report on her Norco use and benefit aside from her other medications, it is difficult to make an assessment from the reviewer's point of view. Therefore, the Norco is not medically necessary.