

Case Number:	CM14-0087959		
Date Assigned:	07/23/2014	Date of Injury:	06/19/2000
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/11/2014

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 Illinois. 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 70-year-old male who reported an injury on 06/19/2000. The mechanism of injury was not provided. Per the progress note dated 04/25/2014, the injured worker had been maintained on chronic opioid therapy since 2004. The documentation indicated there was difficulty weaning the injured worker from medications. The injured worker had marked sleep disorder and chronic anxiety and fluctuating mood disorder. It was indicated the injured worker had expulsions in suicidal thinking. The injured worker had a history of night terrors and anger management issues, as well as impulsivity. Prior therapies included trigger point injections and physical therapy, as well as other injections. The physical examination revealed the injured worker was mildly anxious, and had cervical range of motion of 65 degrees of rotation bilaterally. The injured worker had deep tendon reflexes of 1 to 2+ in the bilateral upper extremities. The injured worker had myofascial hardening at the levator and in the mid and medial scapular musculature, mostly well appreciated with the scapulae fully retracted, and there was a markedly tender trigger point in that region. Shoulder range of motion was restricted to 150 degrees of abduction. The documentation indicated that with the use of the medications, the injured worker's pain went from 9/10 to 3/10 - 4/10. The injured worker indicated he needed both medications to keep his pain levels down. The diagnoses included chronic pain syndrome, cervical disc degenerative disease, right shoulder girdle, thoracic and myofascial pain, as well as chronic pain syndrome fueled by a vicious cycle of emotional instability, psychosocial instability and stressors, and chronic depression and high anxiety with insomnia that was difficult to manage. The injured worker had intermittent suicidality. The treatment plan included Opana 10 mg 2 in the morning, 1 in the afternoon, and 2 in the evening, and Norco 4 times per day as needed. The surgical history was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2004. There was a lack of documentation of an objective improvement in function and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates would be 190 mg if taken as prescribed. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Opana IR 10 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2004. There was a lack of documentation of an objective improvement in function and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates would be 190 mg if taken as prescribed. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana ER 10 mg #150 is not medically necessary.