

Case Number:	CM14-0191742		
Date Assigned:	11/25/2014	Date of Injury:	11/08/2004
Decision Date:	02/24/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, North Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 patient, a 65 year old woman, was injured 11/8/2004. She is diagnosed with a shoulder sprain, cervical strain, cervical disc degeneration and spondylosis. She also has fibromyalgia and irritable bowel syndrome. She has been on narcotics since at least 2004. The claimant is requesting the reversal of a 10/24/14 denial for hydrocodone/APAP 10 mg/325 mg #68, for weaning at a 10% decrease each week. The actual denial is a modification of 68 tablets from requested 75. The most recent record notes ongoing pain at 7/10 with Norco use. Prior peer review recommended weaning the medication because the medical necessity was not clearly established. Her treating physician states it is inappropriate to wean because she has been stable, on it for years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg # 75: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications, and Opioids criteria for use. Page(s): 124 and 79-80.

Decision rationale: The physician in this case is really arguing the prior recommendation to wean the medication. That has already been determined previously. She has not shown significant pain reduction (still at 7/10 on narcotics) nor is there evidence that she has returned to work or had improvement in function. The decision to wean I upheld per chronic pain guidelines of the MTUS. This review will focus only on appropriateness of the weaning schedule. Per CA MTUS, opioids can be tapered at 10% reduction every 2-4 weeks, and then slowing to 5% once 1/3 of the original dose is reached. She is currently prescribed Norco 10 mg every 8 hours, or 30 mg per day. She is not using that much, however, only getting 75 tablets for 30 days previously. With a 10% reduction for 4 weeks, she should have 67 tablets dispensed for the first month of this very slow taper, and then 59 the subsequent month and so on. The modification to 68 tablets is upheld; the dispensing of 75 tablets is not medically necessary.