

Case Number:	CM14-0196965		
Date Assigned:	12/05/2014	Date of Injury:	06/03/1998
Decision Date:	01/21/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 60-year-old male who reported an injury on 06/03/1998. The mechanism of injury was not provided. He was diagnosed with chronic pain syndrome. His past treatments were noted to include Botox injections, medications, and physical therapy. On 08/28/2014, the injured worker reported continued minor pain in the neck with numbness and tingling originating from the neck and going down into his left hand. He indicated his worse pain score is 8/10 to 9/10 and his least pain score is 5/10 with usual pain score being 7/10 to 8/10. Upon physical examination of his cervical spine, he was noted to have slightly limited range of motion. On 10/28/2014, the injured worker reported neck pain and stiffness had gradually been increasing; however, he indicated he is still obtaining some relief from previous radiofrequency lesioning done in the winter of 2013. It was noted his primary complaint was his bilateral knee pain. On physical examination of the cervical spine, he was noted to have slightly limited range of motion. Additionally, it was noted that his range of motion to bilateral knees was limited with crepitus. His current medications were noted to include gabapentin 300 mg 3 times a day, Norco 10/325 mg every 6 hours for breakthrough pain, and Opana ER 30 mg every 12 hours. The treatment plan was noted to include refill medications, purchase of a physio gym ball, and a followup for re-evaluation. The rationale for the request was not provided. A Request for Authorization form was subjective on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab q6h, max 4/day, 30 days, refills x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria of use Page(s): 78 and 86-87.

Decision rationale: The request for Norco 10/325mg 1 tab q6h, max 4/day, 30 days, and refills x3 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not indicate that the use of the opioid provides pain relief for him, nor does it indicate that it increases the ability to perform activities of daily living. There is also a lack of evidence for consistent urine drug screens verifying appropriate medication use. Furthermore, the requested medications exceed the recommended dosage of 120mg of morphine a day. Based on the documentation provided, the use of opioid would not be supported by the guidelines. As such, the request is not medically necessary.

Opana ER 30mg 1 tablet q12h, max/2 day, 30 days, refills x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria of use Page(s): 78 and 86-87.

Decision rationale: The request for Opana ER 30mg 1 tablet q12h, max/2 day, 30 days, refills x3 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not indicate that the use of the opioid provides pain relief for him, nor does it indicate that it increases the ability to perform activities of daily living. There is also a lack of evidence for consistent urine drug screens verifying appropriate medication use. Furthermore, the requested medications exceed the recommended dosage of 120mg of morphine a day. Based on the documentation provided, the use of opioid would not be supported by the guidelines. As such, the request is not medically necessary.