

Case Number:	CM14-0206606		
Date Assigned:	12/18/2014	Date of Injury:	10/22/1998
Decision Date:	02/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a remote history of a work injury occurring on 10/22/98 when, while working as a Customer Service Representative, she developed neck, shoulder, and arm pain due to typing. Treatments included a cervical spine fusion. She was seen by the requesting provider on 07/24/14. She was having low back pain. Physical examination findings are referenced as unchanged. The discussion references the claimant as doing well with her current medication regimen. Urine drug screening results were reviewed and had been consistent with prescribed medications. On 11/13/14 she was having ongoing neck pain radiating into the upper extremities. Pain was rated at 8/10 without medications and 4-5/10 with medications. The note references the claimant's pain as manageable with medications including Duragesic and Norco. She was occasionally taking Phenergan for nausea. Physical examination findings included decreased cervical spine range of motion and paraspinal and upper trapezius tenderness. Duragesic 100 mcg #10 and Norco 10/325 mg #90 was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Norco 10/325mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for radiating neck pain. She underwent a cervical spine fusion. Medications include Duragesic and Norco at an MED (morphine equivalent dose) of 285 mg/day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this request is not medically necessary.

10 Duragesic patches 100mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for radiating neck pain. She underwent a cervical spine fusion. Medications include Duragesic and Norco at an MED (morphine equivalent dose) of 285 mg/day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this request is not medically necessary.