MAXIMUS Federal Services

Case Number:	CM14-0209542		
Date Assigned:	12/22/2014	Date of Injury:	05/08/2001
Decision Date:	02/13/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 Practice, 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 injured worker is a 67 year-old female who was injured on 5/8/01 when she fell and broke her foot. She complains of right shoulder pain, right lower extremity shooting and burning pain, left shoulder pain, right knee pain, and required a walker or can for ambulation.She was diagnosed with right foot metatarsal fracture, lumbar degenerative disc disease, right knee internal derangement, and left knee patella fracture. She had a history of two spinal cord stimulator placed. The patient completed a detoxification program from 12/2/13-1/1/14. She was able to discontinue her use of Kadian, but unable to wean off Norco due to breakthrough pain. She reduced her Norco use to four per week from four per day. She had difficulty with constipation. She also uses Zanaflex for muscle spasm and cramping, Mirapex for restless leg syndrome, Cymbalta for neuropathic pain, Effexor for depression, Topamax and Imitrex for headaches, Buspar, Trazodone, and Amitiza. The current request is for a tapering dose of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 Mg #45 for the purpose of a trial to taper a lower dose or to cessation if possible by decreasing dosage by 10% every 2-4 weeks.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124, 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered medically necessary. The patient has completed a detoxification program in which she was able to discontinue her Kadian and decrease dose of Norco from 4 tabs a day to 4 tabs per week. She has appropriate urine drug screens and shows no evidence of drug seeking behavior. She is able to perform her activities of daily living. She is unable to perform tasks without the use of Norco. She has signed an opioid agreement. She does struggle with opioid constipation but is currently prescribed Amitiza. Because of these reasons, the request for a tapering dose of Norco is considered medically necessary at this time.