

Case Number:	CM15-0101198		
Date Assigned:	06/03/2015	Date of Injury:	05/28/2012
Decision Date:	07/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old male, who sustained an industrial injury on May 28, 2012. The mechanism of injury was a fall from a ladder. The injured worker has been treated for head, low back, rib and right shoulder complaints. The diagnoses have included multiple closed rib fractures, back compression fracture, right shoulder fracture, right rotator cuff tear, traumatic brain injury, right knee ligamentous injury, obstructive sleep apnea and significant cognitive difficulties with mild effectual problems. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, epidural steroid injections, lumbar medial branch block, radiofrequency ablation, physical therapy, right knee surgery and right shoulder surgery. Current documentation dated April 16, 2015 notes that the injured worker reported low back pain rated a four out of ten on the visual analogue scale. Examination of the lumbar spine revealed low back pain and tenderness. The documentation notes that with his current medications the injured worker can perform his activities of daily living. The injured worker has been decreasing the medications and experiencing some withdrawal symptoms. Medications include Opana ER, Norco, Naprosyn, Omeprazole and Gabapentin. The treating physician's plan of care included a request for Norco 10/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-96.

Decision rationale: The patient presents with diagnoses of multiple closed rib fractures, back compression fracture, right shoulder fracture, right rotator cuff tear, traumatic brain injury, right knee ligamentous injury, obstructive sleep apnea and significant cognitive difficulties with mild effectual problems. The patient currently complains of low back pain. The current use of medications allows the patient to perform his activities of daily living. The patient has been decreasing his medications and has been experiencing some withdraw symptoms. The current request is for Norco 10/325mg #120. The Utilization Review dated 4/23/15 (3A) modified the physician's request to a total count of 90 and noted that the modification was to bring the total opiate load down to 120 MED as recommend by the guidelines. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. The clinical history notes the patient is 73 years old and is not work. The clinical history also includes a peer-to-peer agreed weaning schedule dated 3/9/15 (179B) that is consistent with the treating physician's request. The treating physician states in his treating report dated 4/16/15 (187B) that the only change this month is withdrawal since decreasing pain meds. The physician goes on to request Norco 10/325mg #120 consistent with the peer-to-peer weaning schedule previously agreed upon. MTUS Guidelines recommend that for opioids, dosing not exceed 120mg oral morphine equivalents per day (MED), and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative does. The patient is currently on 160 MED of Opana and 40 MED of Hydrocodone for 200 MED. In this case, the clinical history addresses the 4As for chronic opiate use however; the total oral morphine equivalent per day (MED) is in excess of MTUS Guidelines. The current request is not medically necessary.