MAXIMUS Federal Services

Case Number:	CM15-0195261		
Date Assigned:	10/09/2015	Date of Injury:	01/10/2002
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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
Certification(s)/Specialty: Family Practice

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 72 year old male who sustained an industrial injury on 1-10-2002. A review of medical records indicates the injured worker is being treated for chronic back pain, neuropathic burning pain, right leg, adhesive capsulitis, right shoulder, with chronic tendinopathy in the shoulder from sprain strain injury, and history of right ankle sprain strain. Medical records dated 9-10-2015 noted severe back pain with shooting pain down his right leg and right shoulder pain. He states he cannot function without medications. He reports a 50% reduction in pain and functional improvement with activities of daily living with the medications versus not taking them at all. Rates pain an 8 out of 10, at best 4 out of 10 with the medications, and 10 out of 10 without medication. Pain was the same at the previous visit. Physical examination noted back exam revealed palpable spasm in the lumbar trunk. He could flex at 20 degrees. He could not sit up straight. Palpation of his muscle spasm in the lumbar trunk showed loss of lordotic curvature. Right shoulder exam revealed limited range. Treatment has included medication including Norco since at least 1-23-2012. Utilization review form dated 9-25-2015 modified Norco 10-325. The injured worker is also prescribed duragesic patches 75 mcg/hr. q 3 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioids for chronic pain.

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In this case, the injured worker is also being prescribed Duragesic Patches and the cumulative morphine equivalent dosage exceeds the maximum ceiling of 120 MED as per the MTUS guidelines. In addition, Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include osteoporosis and depression. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Norco 10/325mg quantity 150 is not medically necessary and appropriate.