

Case Number:	CM15-0199082		
Date Assigned:	10/14/2015	Date of Injury:	01/04/1999
Decision Date:	12/04/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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, North Carolina
 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 54 year old male, who sustained an industrial injury on 1-4-1999. A review of the medical records indicates that the injured worker is undergoing treatment for cervical pain-cervicalgia, lumbago-low back pain, myofascial pain syndrome-fibromyalgia, wrist-forearm pain, foot-leg-arm-finger pain. On 6-23-2015, the injured worker reported continued pain in feet, hands, low back, and arms, with pain rated 6 out of 10 with medication. The Primary Treating Physician's report dated 6-23-2015, noted the injured worker was unable to bathe, requiring assistance and unable to manage medications, requiring assistance, with the medications well tolerated without side effects. The injured worker's current medications were noted to include Zyprexa, Provigil, Ambien, Mobic, Oxycodone, Seroquel XR, Oxycontin, and Percocet. The physical examination was noted to show the bilateral upper extremities with tendon sheath swelling, positive Finkelstein's, Phalen's and Tinel's tests bilaterally, and the bilateral lower extremities with tenderness at the calcaneus, talus, and metatarsals, and tenderness at the lumbar spine and facet joint with decreased flexion, extension, and lateral bending. The treatment plan was noted to include prescriptions of Ambien, Oxycodone, and Percocet, and a urine drug screen (UDS), with increase to the Percocet and stopping Norco, prescribed since at least 11-5-2014. On 8-27-2015, the injured worker was seen in the Emergency Department for rectal bleeding and lower abdominal pain, with the injured worker's documented medications noted to include Amitiza, B-50 complex, DHEA, Glucosamine & Chondroitin, Norco, Oxycontin, Seroquel, Diazepam, and Zolpidem. The request for authorization was noted to have requested Oxycodone 30mg #90 and Norco 10-325mg #180. The Utilization Review (UR) dated 10-2-2015, modified the requests for Oxycodone 30mg #90 to certify #19, and Norco 10-325mg #180 to certify #38.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This is a 54 year-old man with RSD, Lumbosacral neuritis, cervicgia and recurrent major depressive disorder. The date of injury was over 17 years ago. The patient does not work. CA MTUS Guidelines support the use of ongoing opioids in patients in which there is demonstrate reduction in pain, improvement in functional status and return to work In this case, there is no evidence of improvement in function or ability to return to work. Opioids are not indicated for long-term use. This patient has been on chronic opioid therapy, which is contrary to guidelines. In addition to the Oxycodone 30 mg TID, the patient is also taking Norco 10/325 mg 8 times /day. No rationale is given for the use of 2 opioids. The patient is also taking Ambien and Percocet was recently substitute for Norco. Therefore, given the above, the request is not medically necessary or appropriate.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The request is for ongoing Norco 10/325 mg 8 tablets/day for chronic pain. CA MTUS Guidelines state that opioids are not intended for long-term use. In this case, the patient has been on long-term opioids in regards to the Norco as well as Oxycodone 30 g TID. There is no evidence in the records submitted of functional improvement or ability to return to work secondary to the use of Norco. In addition, at a recent visit, the patient was told to discontinue Norco and begin Percocet. Therefore, the request for Norco is not medically necessary or appropriate based upon the above.