

Case Number:	CM13-0009972		
Date Assigned:	06/06/2014	Date of Injury:	04/14/2009
Decision Date:	09/22/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

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 Internal Medicine Pulmonary Diseases and is licensed to practice in California. 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 46-year-old male who reported injury on 04/14/2009. The mechanism of injury was the injured worker was lifting 50 pound feed bags onto a truck. The documentation on 06/26/2013 revealed the injured worker's current medications were Norco 10/325 mg 1 by mouth twice a day as needed #60, nortriptyline 25 mg 1 at bedtime, and Lidoderm 5% 2 patches on his back on 12 hours off 12 hours. The diagnoses included chronic thoracic and low back pain, right thoracolumbar strain and left thoracic strain, mild hypertrophic spurring of T7-10, degenerative disc disease of the thoracic and lumbar spine, degenerative discopathy at L4-5 and L5-S1 and status post arthroscopy of the right shoulder and the right knee, ACL reconstruction to the right knee, chronic myofascial pain syndrome, mild high frequency sensorineural hearing loss, depression, insomnia, and generalized anxiety disorder. The physical examination revealed blood pressure of 140/90, heart rate of 96, and O2 saturations of 98%. The physician opined the injured worker was somewhat agitated and evasive with answers and nearly tearful during conversation and clearly agitated and frustrated. The discussion included the injured worker obtained refills of Norco 10/325 mg from 2 different providers in 06/2013. The CURES report indicated 3 separate prescription refills for a total of 140 tablets since 06/06/2013. In addition, the injured worker indicated he had to report to an emergency room on 06/23/2013 and obtained a prescription for 20 Norco tablets. The injured worker admitted to overuse and breaking the medication agreement. It was indicated the injured worker had previously understood and signed the medication agreement on 06/04/2013 but found he could not comply when he was sick and out of medications. The physician indicated the injured worker acknowledged dependence on the opioid medication and reported he would be willing to detoxify from the Norco but indicated he could not do it on his own. It has been indicated the Norco was not effective for the injured worker and he continuously overused the number of tablets prescribed in a day. It was opined by

the physician that the injured worker perceived the lack of analgesic response as the primary problem to justify his abuse. The injured worker indicated he had a psychological evaluation and has passed and had 10 visits authorized for counseling but had not gone. It was indicated that the injured worker stated he was motivated to detox from his opiate medications to allow him to return to his role as a provider for his family with return to gainful employment and it was imperative the injured worker received an addiction medication consultation to address management necessary to maintain improvement in the functional restoration program. The treatment plan included discontinue the nortriptyline, second request for previously ordered Lidoderm 5% patches and an authorization for an addiction consultation for the HELP program, a urine drug screen, and a review of the signed medication safety agreement on July 4th.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH ADDICTION SPECIALIST QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 127.

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

Decision rationale: The California MTUS Guidelines recommend the consideration of an addiction medicine consult if there is evidence of substance misuse. There was documentation that the injured worker had received medications from multiple providers and had broken the pain contract due to the amount of pain that was perceived. The clinical documentation submitted for review indicated the injured worker had been authorized for and had a psychological evaluation. He was authorized for 10 visits for counseling, but had not gone. The clinical documentation failed to indicate the type of counseling that was approved and whether it was with a psychologist specializing in addiction. There was a lack of documentation indicating a necessity for another consultation as the injured worker had previously failed to follow up with the prior approved treatment. Given the above, the request for consultation with an addiction specialist is not medically necessary.