

Case Number:	CM14-0102671		
Date Assigned:	07/30/2014	Date of Injury:	01/09/1998
Decision Date:	09/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational Medicine 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:

This is a 52-year-old female with a date of injury of 1/9/98. The mechanism of injury was not noted but the compensable body part is listed as wrist and hands. On 6/16/14, she was seen for re-evaluation and medication refills. Her list of meds is as follows: Flexeril, Cymbalta, Carisoprodal, Lunesta, Xanax, Flector patch, Dilaudid, Norco, and Duragesic patch. She has been on these medications for at least 5 years. The UR notes that the only record for review was on 5/19/14. The records do not state where the patient is specifically having pain, but that she is doing well on a current regimen. The medication does seem to mitigate the pain and there are no side effects. There was a 30-50% improvement of pain and the patient is able to move easily with the pain and do more work around the house with definite increased activity level with the medication. On exam, there were no documented abnormalities, however, the records document spinal cord stimulator implanting site is normal. The diagnostic impression is lumbago, cervical DDD, lumbar DDD and RSD upper limb. Treatment to date: spinal cord stimulator, and medication management. A UR decision dated 6/6/14 was not medically necessary for the request for Norco 10/325mg #120. The Norco was not medically necessary, because the medical records document the patient is being prescribed the brand name, Norco without the rationale for that medication being prescribed, as brand when a generic alternative exists. She is currently receiving 40mg of morphine equivalent dose (MED) per day of Norco, however, in combination with the Duragesic and the Dilaudid she is receiving, these totals to 224mg (MED) per day. This is well above the maximum recommended by ODG of 120 or less for nonmalignant pain. Also, there is no documentation of an opioid agreement or urine drug screens within the medical records. There is no documentation that CURES is being checked. There is duplication of therapy as the patient is also receiving hydromorphone in the form of Dilaudid, which is also a short-acting medication

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odg-twc.com/odgtwc/formulary.htm, Goodman and Gilman's The Pharmacological Basics of Therapeutics, 12 ed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. In addition, there is no urine drug screens (UDS) noted to have been done. In addition, the patient is also receiving Dilaudid 4mg #120 and Duragesic 50 mcg patches #20. With the Norco10/325mg #120, this is equivalent to an MED of 224, well above the guideline recommendation ceiling of 200. Guidelines also note that high-dose opioids may produce hyperalgesia, headache, neuroendocrinologic dysfunction and immunosuppression. The patient is also noted to be on Xanax, Lunesta and Flexeril, all with sedating and depressed respiratory effects. Therefore, the request for Norco 10/325mg #120 was not medically necessary.