

Case Number:	CM14-0134384		
Date Assigned:	08/27/2014	Date of Injury:	09/01/1999
Decision Date:	09/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Practice, and is licensed to practice in Ohio. 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 sustained an injury to his back and neck September 1 of 1999. The records reviewed date back to September 2012. Injured worker has the diagnoses of chronic pain syndrome, chronic pain due to trauma, disorders of the bursa and tendons in the shoulder region, cervical radiculopathy, radiculopathy of the lumbosacral region, and alcohol abuse. The records reflect that the injured worker has had moderate to severe back and neck pain, the neck pain radiating into the right upper extremity. His exam has generally shown tender muscles in a cervical lumbar regions with diminished range of motion in the back. There appears to be two distinct pain management physicians involved. Injured worker was discharged from his first treating physician for noncompliance as evidenced by a negative urine drug screen for prescribed medication and evidence of ethanol in the urine. The injured worker has had nerve blocks in the neck and back regions. The second pain management physician appears to have started with the injured worker in March 2014. Since then, there has been a gradual ramping up of opioids specifically Norco and MS Contin. The most recent progress note from July 29, 2014 reflects that the pain is subjectively getting worse with minimal improvement from medications. Previous documentation has reflected an improvement in pain and functionality with a regimen similar to what is most recently prescribed. The most recent pain management physician has interpreted these events to reflect in adequate analgesia provided thus far and not a failure of opioids per se and therefore has been increasing the doses of the opioids provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #175: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NORCO: WHEN TO CONTINUE OPIOIDS, WEANING OF MEDICATIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 82.

Decision rationale: It appears that the injured worker in this case has had several phases of opioid treatment first chronic pain over the last two years. The cases complicated by the fact that there have been two pain medicine physicians involved punctuated by a length of time with no physician involvement. Currently, it appears that the treating physician is titrating the opioid dosage upwards to attempt to find a maintenance phase. Overall treatment suggestions: Current guidelines suggest the following: A trial of opioids as a first step in treatment, and the steps involved are outlined in the Criteria for Use of Opioids. The trial includes an initiation phase that involves selection of the opioid and initial dose. There is then a titration phase that includes dose adjustment. At this phase it may be determined that opioids are not achieving the desired outcomes, and they should be discontinued. The final stage is the maintenance phase. If pain worsens during this phase the differential to evaluate includes disease progression, increased activity, and/or new or increased pre-existing psychosocial factors that influence pain. In addition, the patient may develop hyperalgesia, tolerance, dependence or actual addiction. Because the dose of opioids is currently being increased with frequent office visits, it appears that the treating physician and injured worker are titrating the opioid dose upwards. It appears to be the treating physician's judgment that adequate analgesia is not yet been satisfied and therefore it is likely too soon to make a judgment regarding potential opioid failure. Norco 10/325 mg, #175 therefore it is medically necessary.