

Case Number:	CM14-0167929		
Date Assigned:	10/15/2014	Date of Injury:	05/24/1999
Decision Date:	12/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 New York, and North Carolina. 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 employee, a 69-year-old woman, injured 5/21/1999, has ongoing neck pain and associated cervicogenic headaches and radicular symptoms into the upper extremities, right greater than left. Pain radiates down into the thoracic and lumbar spine. She has chronic upper respiratory tract infections and chronic lung disease, and has been on oxygen in the past. Diagnoses include cervical spine stenosis, right shoulder internal derangement (s/p acromioplasty and coracoacromial ligament resection), reactionary depression/anxiety, gastritis and obesity. She requires assistance with some ADLs and IADLs, such as bathing, dressing, meal preparation and cleaning, representing significant functional limitations. She has trouble using her wheelchair but is noted to be able to walk with a four-wheel walker. She is on multiple medications, including MS Contin, Norco, Imitrex, Neurontin, Xanax, Fexmid, Prilosec, Wellbutrin, Prozac, Prednisone, Theophylline, Advair, O2 and Atenolol. It is noted that she has shortness of breath and lethargy. She has tried to wean off Norco in the past but was unsuccessful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240, to allow the patient this one refill of norco for the purpose of weaning to discontinue, with a reduced med by 10%-20% per week over a weaning period of 2-3 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: The doctor is weaning this patient off of Norco, which appears appropriate because of her lack of functional improvement or return to work. The MTUS Chronic Pain Guidelines recommend a slow taper. The guidelines state that the longer a person is on opioids, the more difficult it is to taper them off. This patient is at risk of a more complicated weaning because of her older age, female gender, use of multiple agents and medical co-morbidity. They should be referred to an addiction medicine/ psychiatric specialist. The guidelines recommend tapering by 20-50% per week of the original dose for patients who are not addicted, to prevent withdrawal. Alternately, 10% reduction every 2-4 weeks, and then when 1/3 of the original dose is reached, decreasing by 5% every 2-4 weeks. It is noted that weaning may take months. She is currently taking 40 mg per day of Norco (four of the 10 mg tablets), and it is reasonable to reduce by 4-5 mg every 2-4 weeks until down to about 15 mg per day. Weaning every 2 weeks would take approximately 18 weeks, and every 4 weeks, approximately 36 weeks. Assuming she starts weaning with the 10 mg strength hydrocodone, and decreases every 2 weeks, she would require about 140 of the 10 mg tablets to reduce her to approximately 1/3 of the original dose. If she switched to 5 mg tablets at that point, she would require at least 105 tablets to complete that taper, decreasing every 2 weeks. If she used only 10 mg tablets, she would require approximately 167 tablet to complete the taper. At the most, assuming a change every 4 weeks instead of two, everything would be doubled - 280 tablet of the 10 mg and 106 of the 5 mg. Using only 10 mg tablets, she would require about 334 tablets to complete the taper. If she changed about every 3 weeks, that would require about 250 tablets. The request for 240 tablets to wean her from Norco appears to be reasonable and medically necessary.