

Case Number:	CM14-0176228		
Date Assigned:	10/29/2014	Date of Injury:	03/25/2008
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal 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:

The injured worker (IW) is a 49-year-old woman who sustained an industrial injury on March 25, 2008. The mechanism of injury was not documented in the medical record. She is status-post right hip arthroscopic repair of labral tear and acetabular rim trimming of July 9, 2009. The IW has been treated with 4 steroid injections for the right hip, psychotherapy x 21 sessions, chiropractic therapy x 6 sessions, physical therapy x 30 sessions, and medications. Urine drug screens dated October 16, 2013 and March 3, 2014 were consistent with prescribed analgesics without evidence of illicit drug use. Pursuant to the progress note dated September 24, 2014, The IW continues to experience pain in the right hip and right leg, which she describes as a shooting, stabbing pain. She also has pain in the left knee and outer left foot, which she relates to compensation from her altered gait. She continues to experience neck pain and she developed a fall from her legs being weak. Overall, she rates her pain at 7/10. Objective findings include: Moderate tenderness to palpation to cervical paraspinal muscles and upper trapezius. Upper extremity strength, sensation and deep tendon reflexes within normal limits bilaterally. There is moderate tenderness to palpation of the lumbar paraspinal muscles, right greater than left. Diagnoses include: Chronic right hip pain, depression, right lateral femoral cutaneous neuropathy, possible underlying lumbar radiculopathy, knee pain after fall, and cervical neck strain after fall. Her treatment plan includes: Refill Opana ER 10mg, and Norco 10/325mg, Neurontin 300mg, Duexis 800/26.5. The physician notes that the IW tried to taper down to 3 tablets of Norco daily, but was unable to function. There are notes in the medical record dating back to March 7, 2013 that indicated that the IW was taking Norco for pain. The IW was instructed to continue psychology treatments for cognitive behavioral therapy, stress management, and coping skills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Ongoing Use Page(s): 74-96. Decision based on Non-MTUS Citation (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #150 is not medically necessary. Ongoing opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain; police reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain increased level of function for improved quality of life. The guidelines set the criteria for when to discontinue opiates. In this case, review of the medical record showed the current MED was 130, which exceeds the recommended maximum of 100. The injured worker is currently over the safety threshold for opiates and at significant risk for morbidity and mortality. The record reflected prior discussions with the treating physician about weaning the worker off the opiates. Presently, the record states two opiates are prescribed to the worker: Opana and Norco. There is no evidence the treating physician started a weaning schedule as previously discussed. Based on the multiple narcotics documented in medical record in conjunction with the frequency and quantity of the prescribed opiates renewal would not be medically necessary. The opiates have been taken well in excess of one year. Additionally the patient is noted to have psychological diagnoses that include depression and anxiety. Individuals with mental health disorders are at increased risk for opiate dependence, misuse, abuse and addiction. Consequently, Norco 10/325 mg #120 is not necessary. Based on the clinical information in the medical record and the peer reviewed evidence based guidelines, the Norco 10/325mg #150 is not medically necessary.