

Case Number:	CM14-0060848		
Date Assigned:	07/09/2014	Date of Injury:	06/10/2003
Decision Date:	02/19/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	05/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 53 year old female who was injured on 6/10/2003. The diagnoses are low back, shoulders and upper extremities joints pain. There are associated diagnoses of insomnia, status post gastric bypass, NSAIDs induced gastric bleed and depression. The past treatments are carpal tunnel release surgeries, PT and home exercise program. On the most recent clinic note dated 3/4/2014, [REDACTED] noted subjective complaint of pain score of 2-6/10 on 0-to-10 scale. The objective findings are decreased range of motion of the spine, positive Phalen's sign with tenderness over the lumbar spine. The UDS report dated 10/15/2013 was consistent with prescribed medications and THC. In 2013, the patient requested a change from oral opioids to transdermal preparations due to gastric upset associated with oral medications. The medications listed are Fentanyl 100mcg/hr, Norco, Lyrica, Soma, Zolof and Xanax. A Utilization Review determination was rendered on 3/24/2014 recommending modified certification for Norco 10/325mg to #23 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325 mg days 22 quantity 23 to allow for weaning and or submission of supporting documentation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with non-opioids medications. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation and adverse interactions with other medications. The records indicate that the patient requested discontinuation of Norco in 2013 due to gastric upset associated with gastric bypass status. The opioid was change to transdermal preparation of Fentanyl to avoid this adverse effect but the Norco was then continued. The patient is also utilizing multiple sedative medications concurrently. The compliance monitoring is inconsistent with the presence of THC in the UDS and no documentation of functional restoration of frequent clinic evaluation reports for medication efficacy and compliance monitoring. The criteria for Norco 10/325mg #23 were not met.