

Case Number:	CM14-0073071		
Date Assigned:	07/16/2014	Date of Injury:	09/02/1991
Decision Date:	06/04/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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. 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: California, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 62-year-old male who sustained an industrial injury on September 2, 1991. Previous treatment includes modified activities, heat therapy, massage, medications, chiropractic therapy, and physical therapy. Currently the injured worker complains of pain in his neck, shoulder, back and leg. He describes the pain as constant stabbing and burning. Diagnoses associated with the request include degenerative cervical intervertebral disc disease, degenerative lumbosacral intervertebral disc disease and lumbago. According to the most recent clinic note provided on 5/7/15 the injured worker reports that pain is 10/10 with out medication and 5/10 with medications. He also states he is able to do improved ADLs with medication. On physical exam, there is limited lumbar range of motion and tenderness across neck and back. The treatment plan includes continued Duragesic patch, Norco, Senokot, Protonix, Kadian, Baclofen, and medial branch block. There is no mention of UDS, concern of abuse, opioid counseling or screening for abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: The peer reviewer stated that "there is no overall improvement in pain or functioning therefore proceeding with the use of Norco does not appear medically warranted at this time". From my review of the records, on 5/7/15 the injured worker reports that pain is 10/10 without medication and 5/10 with medications. He also states he is able to do improved ADLs with medication. However, while there does appear to be benefit from the prescribed short acting opioids, the IW is also on a long acting opioid, kadian as well as multiple other medications that have similar side effect profile. Considering multiple medications, high risk for tolerance, exceedingly high dosage well above recommended upper dosage limit of 100 MED, the injured worker is at risk of adverse drug effect, abuse and diversion. Despite the high risk profile, there is no mention of UDS, opioid counseling or screening for abuse or adverse drug effect. The current dosage level of 80mg of Norco daily plus another 80mg of kadian daily, puts the patient had risk of significant adverse effect and tolerance. Consequently, the requested dosage of Norco is not considered medically necessary.