MAXIMUS Federal Services

Case Number:	CM15-0125019		
Date Assigned:	07/09/2015	Date of Injury:	01/10/2006
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/29/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 1/10/2006. The injured worker was diagnosed as having carpal tunnel syndrome, lumbosacral spondylosis without myelopathy, disturbance of skin sensation, cervicalgia, degeneration of cervical intervertebral disc, other chronic pain, and joint pain involving the hand. Treatment to date has included diagnostics, cervical epidural steroid injection on 3/25/2015 (65-80% relief for 2 weeks), physical therapy, and medications. Currently (6/03/2015), the injured worker complains of feeling "groggy" after taking breakthrough pain medication (Percocet). She reported pain in her head, neck, right elbow, bilateral hands, and low back. Pain and spasticity was worsening. Pain was rated 9/10 with medications and 10/10 without. She was documented as resting or reclined 75-100% of the waking day. Her mood was documented as crying, depressed, angry, anxious and frustrated in the last 30 days. She reported taking medications as prescribed and poor satisfaction with therapies prescribed. Medications included Norco 10/325mg (max 8 per day), Cymbalta, Lidocaine patches, Valium, Alprazolam, Voltaren gel, Miralax, and Senna. A previous progress report (5/20/2015) also noted the use of Oxycontin 60mg twice daily. The treatment plan included bilateral C4-6 facet joint injections and Norco. She was not working and the use of Norco was referenced since at least 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 226.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS recommends chronic opioids in cases where documented improvement of pain relief and functional improvement allow the claimant to return to work. Otherwise, opioids are recommended for short term courses of therapy. In this case, the patient has been taking opioids consistently since 2010. The request is for Norco 10/325 #260. The patient is also on Oxycontin 60 mg BID and takes Percocet for "break-through pain." The Percocet causes "grogginess" according to the patient. The morphine equivalent dosage is 260 mg/24 hours, which is more than twice the recommended maximum dosage. In regards to pain relief, the records state that the patient has 9/10 pain with medications and 10/10 pain without medications. There is no documentation of functional improvement with Norco. There is also no documentation stating whether or not the patient is receiving opioids from other prescribers. There appears to have been no attempt at weaning/tapering the patient from her very high dosage of multiple opioids. Therefore this request for #260 Norco 10/325 mg is deemed not medically necessary.