

Case Number:	CM13-0015144		
Date Assigned:	01/22/2014	Date of Injury:	02/01/2008
Decision Date:	09/26/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/21/2013

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 Anesthesiology, has a subspecialty in Pain 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 is a 45 year old female injured on 02/01/08 when she was punched in the left eye while restraining an out of control minor and subsequently thrown across the room where she landed on another individual sustaining an injury to the left shoulder, left eye, and low back. The clinical documentation indicates the patient was diagnosed with lumbar disc disorder, sacroiliac instability, acquired spondylolisthesis, sacroiliac sprain/strain, and lumbar radiculopathy. The patient was treated with multiple radiofrequency ablations at L3, L4, and L5 with significant improvement and high dose opioids. The clinical documentation dated 09/30/13 indicates the patient complained of sharp, aching, constant, and intermittent pain rated at 9/10 with sitting, standing, walking, and lifting tolerance increased by 30% with medication use. The patient was unable to proceed with surgical recommendations due to financial situation and lack of stable home environment. The documentation indicates the patient was unable to obtain Nucynta ER and increased use of Norco to 10-12 per day and was obtaining additional medications from family and friends. The patient reported she was unable to perform activities of daily living without medications and was also utilizing alcohol for pain management. Clinical note dated 10/21/13 indicates the patient was requesting early refill of medications. Documentation indicates the patient appeared to be developing opioid induced hyperalgesia with no significant pain relief despite escalating medications and no improvement in activity level. It noted urine toxicology screens and CURES reports were consistent with prescribed medications. The clinical note indicates the patient was to be transitioned to Buprenorphine, Phenobarbital, Amitriptyline, Baclofen, Clonidine, and Bentyl. Additionally, the patient was prescribed Hydrocodone/Acetaminophen 10/325mg, Theramine, and Nabumetone 500mg. The clinical note dated 12/23/13 indicates the patient presented for continued complaints of hip pain described as aching and throbbing rated at 5/10. The patient indicates the use of medication improves sitting,

standing, walking, and lifting tolerance improved by 80% with the use of medications. The patient also reports household chore tolerance improved by 80%. The documentation indicates the patient has been released for modified duty; however, there is no indication the patient has returned to work. Additionally, it indicates the patient takes up to 8 tablets of Norco 10/325mg per day and is requesting approval for Buprenorphine for long term maintenance therapy for pain. The documentation indicates the patient underwent urine drug screen on 12/23/13 which was consistent with the prescribed medication. Current medications include Ativan 2mg TID, Nucynta 50mg Q 3 hours PRN, Soma 350mg QD PRN, Wellbutrin 75mg QD PRN, Rozerem 8mg QHS PRN, Sentra PM QPM or 2 QPM PRN, Tizanidine 4mg BID, Terocin 2-3 times QD, Amitiza 24mcg BID PRN, Theramine TID 1-3 times QD, Trazadone 15mg QHS PRN, Buprenorphine 2mg SL PRN, Nabumetone 500mg BID PRN, Nucynta ER 200mg BID, Naprosyn 500mg BID PRN, Amitriptyline 25mg 3 tablets QHS PRN, Norco 10/325mg 2 tablets QID PRN. Current Morphine equivalent dosage per day is approximately 370mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG TWO TABLETS, 4 TIMES DAILY AS NEEDED (RX 10/28/2013)

QTY: 240.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained from the continued use of Norco. The patient is on multiple narcotic medications and continues to complain of significant levels of pain indicating a lack of efficacy. Additionally, the patient has shown evidence of aberrant behavior by obtaining medication from family and friends outside of prescribed dosages. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg two tablets, four times daily as needed, QTY: 120.00 cannot be established at this time.