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| Case Number: | CM14-0100693 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/17/2009 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 06/07/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 55 year old male who was injured on 12/17/2009. The diagnoses are low back pain, left shoulder and left knee pain. There are associated diagnoses off migraine headache and acid reflux disease. The past surgery history is significant for lumbar spine, left shoulder and left knee surgeries. The MRI off the lumbar spine showed degenerative disc disease and facet arthropathy. The patient completed physical therapy, Ice / Heat treatment and epidural steroid injections. On 5/24/2014, [REDACTED] noted subjective complaints of low back pain radiating to the right lower extremity and neck pain radiating to the upper extremities. The pain score was rated at 4-7/10 on a scale of 0 to 10. The medications enabled the patient to increase ADL and physical activities. On 7/24/2014, the pain score was rated at 7/10. It is unclear if the Norco was discontinued on 5/18/2014. The medications are Celebrex and Norco for pain and Omeprazole for the prevention of NSAIDs induced gastritis. A Utilization Review determination as rendered on 6/7/2014 recommending non certification for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS recommend that opioids can be utilized for short term treatment during exacerbation of chronic musculoskeletal pain that did not respond to standard NSAIDs and physical therapy. Opioids can also be utilized for maintenance treatment when the patient has exhausted all surgical, physical therapy and non-opioid medications options. The records indicate that the patient had completed two lumbar spine, left shoulder and left knee surgeries. The patient completed physical therapy, interventional pain procedures and non-opioid medication management. The patient reported decrease in pain score with functional improvement with the use of Norco. No aberrant behavior or adverse effects was reported. The criteria for the use of Norco 10/325mg #90 were met. Therefore, this request is medically necessary.