

Case Number:	CM14-0127720		
Date Assigned:	09/05/2014	Date of Injury:	02/05/1999
Decision Date:	12/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 47 years old male who was injured on 2/5/1999. The diagnoses are status post spinal surgeries, failed back syndrome and low back pain. The patient has an implanted pain pump in place. The MRI showed spinal stenosis of the thoracic spine. The patient completed PT treatments and progressed to a home exercise program. The records show the [REDACTED] noted that exploration and interrogation of the pain pump was done to establish function. The medications are Exalgo, Norco, Dilaudid and Fentanyl for pain, baclofen for muscle spasm. The patient is also utilizing Colace and Miralax for the treatment of opioid induced constipation. The UDS was consistent on April 2014. A Utilization Review determination was rendered on 8/7/2014 recommending non certification for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment/ Opioids Page(s): 80.

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard NSAIDs, PT or surgical treatments. The use of chronic high dose opioids in multiple formulations is associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other opioids and sedations. The records indicate that the patient is utilizing multiple opioids through many routes and formulations. There is no documentation by the treating physician of functional restoration, medication efficacy, titration of individual medication and dosages to effects, adverse effects, compliances or aberrant behavior. There is no documentation on the indication for the utilization multiple oral opioid medications in a patient that is utilizing a functioning intrathecal opioid pump. The criteria for the use of Norco was not met. The request is not medically necessary.