

Case Number:	CM14-0156802		
Date Assigned:	09/26/2014	Date of Injury:	09/10/2013
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/24/2014

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 41 year old female who was injured on 9/10/2013. The diagnoses are low back and bilateral knees pain. There are associated diagnoses of depression and dyspepsia. On 7/29/2014, [REDACTED] noted subjective complaints of pain along the thoracic and lumbar spine. There is also significant knees pain. The objective findings are antalgic gait, decreased range of motion and tenderness to the spine and knees during palpation. The medications are hydrocodone and Voltaren gel for pain and amitriptyline for pain and depression. The patient could not tolerate oral NSAIDs due to gastrointestinal side effects. A Utilization Review determination was rendered on 9/9/2014 recommending non certification for Norco 5/325 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; steps to take before a Therapeutic Tria.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PainChapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized in the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. Opioids can also be utilized for maintenance treatment when NSAIDs and non-opioids medications cannot be tolerated or have failed. The records indicate that the patient suffered persistent gastrointestinal complications with the use of various NSAIDs medications. The patient reported significant pain relief and functional improvement with the use of opioid and topical NSAID combination. There is no complication or aberrant behavior reported. The use of Norco 5/325mg #120 was met.