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| Case Number: | CM14-0058930 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 09/22/2009 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 04/18/2014 |
| Priority: | Standard | Application Received: | 04/29/2014 |

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 Management and is licensed to practice in Georgia. 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 claimant is a 37 year old female presenting with chronic pain following a work related injury on 7/3/2002. The claimant's medications included hydrocodone/APAP 10/325mg #180, Latuda, Lexapro, Lorazepam and Topiramate. The claimant is status post cervical fusion in 2001. The claimant was diagnosed with myalgia and myositis, unspecified, cervicgia, low back pain, degeneration of cervical intervertebral disc, sacrococcygeal arthritis and degeneration of lumbar spine

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 5/325mg is not medically necessary. Per MTUS Page 79, guidelines state that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did

not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

Aspirin 81 mg chewable: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: Aspirin 81 mg chewable is not medically necessary. Per CA MTUS chronic pain medical treatment guidelines page 69, indicates that in terms of actual cardioprotective effect of aspirin, traditional NSAIDs both Ibuprofen and Naproxen appear to attenuate the antiplatelet effect of enteric-coated aspirin and should be taken 30 minutes after aspirin or 8 hours before. The medical records did not document an indication for Aspirin 81 mg. The claimant does not have a cardiac condition requiring the cardioprotective effects of Aspirin; therefore, the requested medication is not medically necessary.