

Case Number:	CM14-0072580		
Date Assigned:	07/16/2014	Date of Injury:	06/28/1996
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 59 year old male who was injured on 6/28/1996. The diagnoses are neck pain and post cervical fusion syndrome. There are associated diagnoses of anxiety and depression. The medications listed are Imitrex for headache, MS Contin, Oxycodone and Norco for pain and Xanax for anxiety. The past surgery history is significant for 3 neck surgeries in the 1990's, 2001 and 2007. A UDS (urine drug screening) on 2/2014 was positive for Opioids but negative for prescribed Xanax. The patient reported side effects of nausea and dizziness. The patient is actively working as a truck driver. A Utilization Review determination was rendered on 4/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

Decision rationale: The California MTUS recommends that Opioids could be used for the treatment of severe pain and exacerbation of chronic pain that is not responsive to Nonsteroidal

Anti-Inflammatory Drugs (NSAIDs), physical therapy (PT), and exercise. The use of high dose Opioids is associated with tolerance, addiction, dependency, opioid induced hyperalgesia and increased incidence of Opioids induced side effects. The records indicate that the patient is utilizing high dose Opioids that includes MS Contin 100mg and Oxycodone as well as other sedatives such as Xanax. There is documentation of Opioid induced side effects that includes nausea and dizziness. These complications are potentially dangerous for this patient who is a professional Trucker. The criteria for the use of Norco were not met. Such as, Norco 5/325 mg is not medically necessary.