

Case Number:	CM14-0192568		
Date Assigned:	11/26/2014	Date of Injury:	08/10/2012
Decision Date:	01/20/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 51 a year old man who was injured on 8/10/2012. The diagnoses are status post lumbar laminectomy / discectomy low back, neck and shoulder pain. The 2014 MRI of the lumbar spine showed multilevel disc bulge, facet hypertrophy, right L4-5 laminotomy, central and neural foraminal stenosis. The patient completed PT, job modification and home exercise program. On 10/7/2014, [REDACTED] noted subjective complaint of worsening left shoulder pain. There were objective findings of tenderness to palpation and decreased range of motion of the shoulder, cervical and lumbar spine. It was noted that request for labs, orthopedic evaluation of the left shoulder and neurosurgical evaluation for the lumbar spine had not been authorized. The current medications listed are Norco, naproxen, Tizanidine and Prilosec. A Utilization Review determination was rendered on 10/20/2014 recommending non certification for Norco 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325: Overturned

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 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 exacerbation of musculoskeletal pain. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient failed treatment with NSAIDs, non opioid medications and PT. The patient had surgical interventions for pain. The requests for labs and specialist consultations to evaluate the exacerbation of the pain syndrome had not been approved. There is no documentation of aberrant behavior or medication side effects. The criteria for the use of Norco 5/325mg was met.