

Case Number:	CM14-0209209		
Date Assigned:	12/22/2014	Date of Injury:	05/28/1997
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old female who was injured on 5/28/1997. The diagnoses are lumbar post laminectomy syndrome, opioid tolerance, lumbar disc disease and low back pain. There is associated diagnosis of anxiety. On 11/18/2014, [REDACTED] noted subjective complaint of worsening low back pain. The pain score was rated at 7/10 on a scale of 0 to 10. The pain was noted to be associated with burning, numbness and tingling sensation. There are objective findings of decreased sensation of bilateral L4 dermatomes. The UDS on 10/21/2014 was consistent with detection of prescribed medications. The medications listed are Norco and Anaprox. A Utilization Review determination was rendered on 12/2/2014 recommending a modified certification for Norco 10/325mg #140 to #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 Opioids. Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction, sedation and adverse interaction with other sedatives. The guidelines recommend that co-analgesics with analgesic actions such as gabapentin be utilized in chronic pain patient with psychosomatic symptoms. The records indicate that the patient was diagnosed with tolerance to opioids utilizations. The patient is utilizing high dosage of short acting opioid medications that is associated with higher incidence of tolerance and non sustained pain relief. The utilization of long acting opioid preparations and co-analgesics is associated with greater efficacy, lower dose utilization and less adverse effect. The criteria for the use of Norco 10/325mg #140 was not met. The guidelines recommend that a safe weaning or opioid rotation protocol be implemented in patients on high dose opioids treatment.