

Case Number:	CM14-0066671		
Date Assigned:	07/11/2014	Date of Injury:	05/05/2008
Decision Date:	02/19/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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 61 year old male who was injured on 5/5/2008. The diagnoses are status post lumbar fusion, low back, shoulder, knee and hip pain. There are associated diagnoses of morbid obesity, insomnia and depression. The 2008 MRI of the right knee showed chondromalacia and degenerative joint disease. The 2010 MRI of the lumbar spine showed multilevel disc disease, central canal stenosis, facet arthropathy and neural canal narrowing. The most recent progress note dated 4/11/2014, showed subjective complaint of pain score of 6-7/10 on a scale of 0 to 10. There were objective findings of tenderness to the lumbar spine, positive Patrick's test, tender myofascial trigger points and decreased sensation to the lower extremities dermatomes. The UDS report was noted to be consistent. The medications listed are Cymbalta, Neurontin, Norco, Nuvigil, MS Contin, omeprazole and Zanaflex. A Utilization Review determination was rendered on 4/17/2014 recommending non certification for Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg take one every 4 hours #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. 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 exacerbations of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of high dose opioid medications can be associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient had utilized high dose opioids in addition to other sedative and psychiatric medications for many years. There is progressive reduction in efficacy of the pain medications indicating possible tolerance and hyperalgesia state. The guidelines recommend the use of anticonvulsants and antidepressants with analgesic properties as for primary analgesic effect in chronic pain patient with significant psychosomatic symptoms. The guidelines also recommend more frequent clinic evaluation for compliance, medication efficacy, functional restoration and adverse drug interactions. The criteria for the use of Norco 10/325mg every 4 hours #180 was not met. Therefore, the request is not medically necessary.