

Case Number:	CM14-0090351		
Date Assigned:	09/10/2014	Date of Injury:	02/23/2013
Decision Date:	02/28/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 69 year old female who was injured on 2/23/2013. The diagnoses are lumbar disc disease, cervical strain, traumatic brain injury, cervicogenic headache, neck and low back pain. The 2013 MRI of the cervical spine showed multilevel facet arthropathy, disc bulges and neural foraminal stenosis. The patient reported significant pain relief following lumbar epidural steroid and trigger point injections. The most recent available record showed subjective complaint of low back pain radiating down the lower extremity. The UDS dated 11/18/2013 was inconsistent with the absence of prescribed hydrocodone. The medications listed are Norco, Anaprox, FexMid, Prilosec and Dendracin cream. A Utilization Review determination was rendered on 5/28/2014 recommending modified certification for Norco to #30 to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (Amount Not Specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records did not show documentation of failure of treatments with NSAIDs and PT. The records show inconsistent UDS report. There is no documentation of compliance monitoring, absence of aberrant behavior or functional restoration. The guidelines recommend regular clinic evaluation for compliance and medications effects. The records did not show frequent clinic evaluations for functional restoration. The criteria for the use of Norco 10/325mg was not met.