

Case Number:	CM15-0000179		
Date Assigned:	01/09/2015	Date of Injury:	09/11/2008
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 54 year old male, who sustained an industrial injury on 9/12/08. He has reported low back pain. The diagnoses have included neck pain, sacrum disorders, sciatica, post laminectomy syndrome and chronic pain. Treatment to date has included oral medications, steroid injection, and physical therapy and Ketamine cream. Previous testing included (MRI) magnetic resonance imaging and x-rays. Subjective or objective findings were not noted on the exam of 10/28/14. On 12/11/14 Utilization Review non-certified a prescription for Norco 5/325 mg #60, noting the guidelines recommended treatment with Norco for moderate to moderately severe pain, records did not provide any clinical evidence of pain presentation and non-certification of Venlafaxine HCL ER 75 mg #60 noting it is recommended for treatment of depression, anxiety, panic disorder and social phobias; documentation did not provided subjective or objective evidence the IW had signs of depression, anxiety or panic disorders. The MTUS, ACOEM Guidelines and ODG were cited. On 12/30/14, the injured worker submitted an application for IMR for review of Norco 5/325 mg #60, and Venlafaxine Hcl ER 75 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80. 86.

Decision rationale: The claimant is more than five years status post work-related injury with treatments including lumbar spine surgery. He continues to be treated for chronic low back and radiating leg pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Venlafaxine HCL ER 75mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, p13-16 Page(s): 13-16.

Decision rationale: The claimant is more than five years status post work-related injury with treatments including lumbar spine surgery. He continues to be treated for chronic low back and radiating leg pain. Venlafaxine (Effexor) is used off label for fibromyalgia, neuropathic pain, and diabetic neuropathy with a maximum daily dose of 300 mg per day. In this case, the claimant has chronic neuropathic pain and the requested dose is within recommended guidelines. Therefore, this medication was medically necessary.