

Case Number:	CM15-0001255		
Date Assigned:	01/12/2015	Date of Injury:	03/27/1978
Decision Date:	03/17/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/05/2015

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 injured worker is a 61 year old male, who sustained an industrial injury on March 27, 1978. He has reported an injury to his neck and back. The diagnoses are anxiety, depression, chronic pain syndrome, neck and low back pain. Treatment to date has included epidural steroid injections, pain medications, TENS unit, massage and chiropractic manipulation. Currently, the injured worker complains of chronic neck pain radiating to the shoulders and into his left upper extremity. The was also low back pain radiating down the lower extremities. The objective findings was positive for decreased range of motion of the affected parts and positive straight leg raising test. The injured worker had been treated conservatively in the past and has been on pain medications. He reports that use of his Fentanyl and Hydrocodone help to keep him active. He is attending physical therapy and doing home independent exercises and uses a TENS unit which was noted as helpful. The medications listed are Fentanyl patch, Norco, gabapentin 300mg bid, Skelaxin, Lexapro, Venlafaxine and Lidocaine patch. On December 25, 2014 Utilization Review non-certified a request for Norco tablets, noting that the most recent treatment notes do not reveal the specifics of objective measures or functional benefit from the opioid regimen being used. The California MTUS was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Norco tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count, provided on December 29, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Section.

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 Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of 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 interactions with sedative medications. The adverse effects are significantly increased in patients with psychosomatic disorders and those utilizing multiple psychiatric medications. The records indicate that the patient is utilizing multiple psychiatric and sedative medications. There are significant subjective and objective findings consistent with neuropathic pain but the dosage of effective medications such as gabapentin had not been optimized. The guidelines recommend that gabapentin be utilized effectively in chronic pain patient who have neuropathy and significant psychosomatic disorders. The criteria for the use of Norco 10/325mg #60 provided 12/29/2014 was not met.