

Case Number:	CM15-0006760		
Date Assigned:	01/22/2015	Date of Injury:	06/11/1980
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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 68 year old female, who sustained an industrial injury on June 11, 1980. She has reported low back pain after a motor vehicle accident. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, radiculopathy lumbar, lumbosacral spondylosis without myelopathy, lumbar spondylosis and sacroiliac disorder. Treatment to date has included oral pain medications, physical therapy. Currently, the injured worker complains of low back pain, the pain is described as an ache and is improved with medications, epidural. On December 8, 2014 Utilization Review non-certified a Norco 10/325mg quantity 90 noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 3, 2014, the injured worker submitted an application for IMR for review of Oxycontin ER 60mg quantity 60, Norco 10/325mg quantity 90, and Amitriptyline 50mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: Upheld

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, pages 76-80 (2) Opioids, dosing, page 86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury and continues to be treated for chronic pain. Medications include opioids at a MED (morphine equivalent dose) of over 300 mg per day. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.