

Case Number:	CM15-0130346		
Date Assigned:	07/16/2015	Date of Injury:	11/07/2013
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old male who sustained an industrial injury on 11/07/2013. Diagnoses include chronic pain, traumatic back and neck pain, insomnia, sacroiliitis, and major depressive disorder. Treatment to date has included medications, and cognitive behavioral therapy. Medications include Norco, Ambien, Viibryd, Xanax, Belsomra and Cialis. A physician progress note dated 06/22/2015 documents the injured worker complains of residual headaches, neck and back pain and blurred vision. He complains of chronic pain. He has a history of traumatic back and neck pain. Several documents within the submitted medical records are difficult to decipher. There is tenderness in the lumbosacral area. The treatment plan includes physical therapy. Treatment requested is for Pharmacy purchase of Norco 10/325mg QTY: 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325mg QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 11/07/2013. The medical records provided indicate the diagnosis of medications, and cognitive behavioral therapy. The medical records provided for review do not indicate a medical necessity for Pharmacy purchase of Norco 10/325mg QTY: 180. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this treatment at least since 04/2015. The records indicate the injured worker is not being monitored for pain control, activities of daily living, side effects and aberrant behavior. Therefore, the requested treatment is not medically necessary.