

Case Number:	CM15-0132556		
Date Assigned:	07/20/2015	Date of Injury:	08/06/1994
Decision Date:	08/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 62-year-old female, who sustained an industrial injury on 8/8/94. The injured worker was diagnosed as having chronic low back pain status post anterior and posterior fusions of L4-5 and L5-S1 with residual loss of sensation in the left lower extremity, sacroiliac joint, and piriformis muscle spasm. Other diagnoses included status post multiple surgical wound infections with chronic myofascial contractures and muscle spasm, depression, chronic pain, and sleep limited by chronic pain. Treatment to date has included medication. On 6/2/15 and 6/17/15, pain was rated as 8-10/10. The injured worker had been taking Norco since at least 12/17/14 and Xartemis since at least 1/14/15. Currently, the injured worker complains of back pain. The treating physician requested authorization for Xartemis 7.5/325mg #120 and Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xartemis 7.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Xartemis contains is a short acting opioid, Oxycodone-used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term-use has not been supported by any trials. In this case, the claimant had been on Xartemis along with Norco for several months. There was no mention of Ticyclic or Tylenol failure. No one opioid is superior to another and combination of multiple short-acting opioids is not recommended. Pain score trends were not routinely noted. The request for Xartemis is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term-use has not been supported by any trials. In this case, the claimant had been on Xartemis along with Norco for several months. There was no mention of Ticyclic or Tylenol failure. No one opioid is superior to another and combination of multiple short-acting opioids is not recommended. Pain score trends were not routinely noted. The request for Norco is not medically necessary.