

Case Number:	CM15-0143153		
Date Assigned:	08/04/2015	Date of Injury:	06/14/2013
Decision Date:	09/22/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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: California

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 45-year-old male, who sustained an industrial injury on 06-14-2013. The injured worker is currently diagnosed as having L4-5 herniated nucleus pulposus with bilateral lower extremity radiculopathy, left shoulder internal derangement status post arthroscopic surgery on 02-11-2015, status post C6-7 anterior cervical discectomy and fusion in 2005 with residual left upper extremity radiculopathy, reactionary depression-anxiety, and medication induced gastritis. Treatment and diagnostics to date has included lumbar epidural steroid injection, lumbar spine MRI, electrodiagnostic studies, left shoulder arthroscopy, urine drug screen which was noted as consistent by the physician, and medications. In a progress note dated 07-02-2015, the injured worker reported increasing pain in his lower back that radiates down to his right lower extremities. Pain was rated as 9 out of 10 on the pain scale. The injured worker also reported pain in his neck and left shoulder and is receiving postoperative physiotherapy to his left shoulder, which has been beneficial. The physician noted that a lumbar spine MRI revealed significant disc protrusion at L4-5 measuring a 6.3mm and electrodiagnostic studies demonstrated acute L5 radiculopathy on the right. Objective findings included decreased lumbar range of motion, decreased sensation to anterior lateral thigh and lateral calf, and positive straight leg raise test on the right. The treating physician reported requesting authorization for Ultracet, Anaprox DS, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/when to continue Page(s): 78-80.

Decision rationale: MTUS Guidelines supports the careful use of opioids when there is meaningful pain relief, functional improvements and a lack of drug related aberrant behaviors. This individual meets these criteria. Opioid use is fairly minimal and it is clearly documented that 40-50% pain improvement is experienced for 4-6 hours with the current medication regimen. Functional support is also clearly documented with the ability to maintain an exercise program and performance of ADLs when utilizing the current medications. Under these circumstances, the Ultracet Ultracet 37.5/325mg, QTY: 60 is supported by Guidelines and is medically necessary.

Norco 10/325mg, QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-when to continue Page(s): 78-80.

Decision rationale: MTUS Guidelines supports the careful use of opioids when there is meaningful pain relief, functional improvements and a lack of drug related aberrant behaviors. This individual meets these criteria. Opioid use is fairly minimal and it is clearly documented that 40-50% pain improvement is experienced for 4-6 hours with the current medication regimen. Functional support is also clearly documented with the ability to maintain an exercise program and performance of ADLs when utilizing the current medications. Under these circumstances, the Norco 10/325mg, QTY: 90 is supported by Guidelines and is medically necessary.

Anaprox DS 550mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: MTUS Guidelines are generally not supportive of long-term NSAID use, however the Guidelines allow for their use (lowest dose possible as short as possible) for inflammatory conditions, which this individual has. The Guidelines leave the interpretation somewhat up to the treating physician regarding what is the lowest dose and shortest time period. It is clearly documented that the Anaprox is currently a component of a fairly successful medication regimen for well explained pain generators. Under these circumstances, the Anaprox DS 550mg, QTY: 60 is consistent with Guidelines and is medically necessary.