

Case Number:	CM15-0163561		
Date Assigned:	09/16/2015	Date of Injury:	05/29/2012
Decision Date:	10/15/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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:

This injured worker is a 57 year old male, who sustained an industrial injury on 05-29-2012. The injured worker was diagnosed as having hypertension, gastritis, headache, status post left inguinal hemorrhoid with residual post-operative pain and sprain of the abdominal wall. On medical records dated 05-07-2015, 07-29-2015 and 07-27-2015, subjective findings revealed pain in left groin, lower abdomen pain and headaches. Physical examination revealed abdomen revealed localized tenderness one inch below and two inches to the left to his umbilicus. Tenderness was noted in the lower part of left pubis and right shoulder pain was noted as well. The injured worker was noted to be not working. Treatments to date included medication, laboratory studies and surgical intervention. Current medication on 05-27-2015 was listed as Losartan, Isometheplene, Dichoraphenazone, Topiramate, Diazepam, Ranitidine and Norco. The injured worker was noted to be taking Norco since at least 03-2015. The Utilization Review (UR) was dated 08-07-2015. A Request for Authorization was dated 07-27-2015. The UR submitted for this medical review indicated that the request for Isometh Dich, Sonata and Norco was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Isometh Dich #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter and pg 26.

Decision rationale: In this case, there was no mention of migraines. The claimant had been on Isometheplene, which is provided for those with migraine headaches. There was no mention of failure of Triptans. The claimant was already on opioids as well as pain. The use of Isometheplene is not justified and not medically necessary.

Sonata 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. ODG guidelines recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the etiology of the sleep disturbance was not defined. Long-term use is not indicated. Failure of behavioral intervention is not noted. Continued use of Sonata is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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 Norco for several months without documentation of pain scores. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

