

Case Number:	CM15-0202041		
Date Assigned:	10/16/2015	Date of Injury:	03/13/2014
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia,
Maryland Certification(s)/Specialty: Anesthesiology, 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:

This 51 year old male sustained an industrial injury on 3-13-14. Documentation indicated that the injured worker was receiving treatment for chronic thoracolumbar junction, lumbar and neck pain. Previous treatment included thoracolumbar junction surgery, physical therapy, acupuncture and medications. In a PR-2 dated 7-24-15, the injured worker complained of ongoing neck, back and lower extremity pain. The injured worker had only been taking over the counter Tylenol for pain and reported that it helped the pain level a "little bit". The injured worker reported that he had taken stronger medications previously (prior to March 2015) but felt that he was getting addicted so he discontinued them. The injured worker reported that recent acupuncture did help with pain levels. Physical exam was remarkable for difficulty with forward flexion, negative bilateral straight leg raise and numbness extending down the lateral aspects of the calves bilaterally. The treatment plan included a trial of Ultracet and continuing physical therapy. In a PR-2 dated 9-18-15, the injured worker complained of ongoing neck, back and lower extremity pain. The injured worker reported that acupuncture and physical therapy had helped with knee pain and improved his walking distance. The injured worker stated that he could walk for 30 minutes at a time before needing to take a break. Physical exam was remarkable for decreased sensation to light touch over bilateral shins and decreased balance with standing. The physician noted that Ultracet had been denied due to no psychiatric evaluation. The physician stated that Ultracet had helped with pain levels. The physician recommended a trial of Norco. On 10-5-15, Utilization Review noncertified a request for retrospective Norco 5- 325mg #120 (DOS: 9-18-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325mg #120 (DOS 9/18/2015): Overturned

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" The documentation submitted for review indicates that the injured worker was treated with Ultracet beginning 7/24/15. It was discontinued 9/18/15 because it was denied by utilization review, which stated that the injured worker needed to see a psychiatrist or psychologist before the use of Ultracet could be continued. I respectfully disagree with the UR physician's assertion that the use of Ultracet did not affect pain levels. Per progress report dated 9/18/15, it was noted that he used it sparingly on an as needed basis, and that it did take the pain levels down to tolerable levels. The requested trial is medically necessary.