

Case Number:	CM15-0024454		
Date Assigned:	02/17/2015	Date of Injury:	03/22/2008
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Florida

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:

The injured worker is a 37 year old male, who sustained an industrial injury on 3/22/2008. He reports a back injury after lifting a 250 pound patient. Diagnoses insomnia, include disc herniation and lumbar disc disease with left radiculitis. The 2013 EMG showed L4 and L5 radiculopathy. The 2013 MRI of the lumbar spine showed multilevel disc bulges and contact with nerve roots. Treatments to date include lumbar spine surgery, physical therapy and medication management. A progress note from the treating provider dated 12/24/2014 indicates the injured worker reported low back pain. The pain score was reported as 5/10 with medications and 9/10 without medications on a scale of 0 to 10. The medications listed are Norco and Fioricet. The prescribed gabapentin was discontinued but IW read potential adverse effects and decided to start the 100mg initial dosage. The IW was hesitant to try non opioid medications. The UDS was inconsistent with the presence of only opioid and Fioricet but absence of prescribed gabapentin and Flexeril. On 1/13/2015, Utilization Review modified the request for Norco 10/325mg #120 to #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43,74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction; sedation and adverse interaction with other sedatives. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic actions be utilized as first line medications in patients with neuropathic pain and in the presence of co-existing psychosomatic disorders. The records indicate the presence of neuropathic pain and psychosomatic symptoms. The patient was non-compliant with utilization of medications that are effective in the treatment of neuropathic pain. The criteria for the use of Norco 10/325mg #120 were not met.