MAXIMUS Federal Services

Case Number:	CM15-0220748		
Date Assigned:	11/13/2015	Date of Injury:	09/07/2001
Decision Date:	12/28/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/09/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old male, who sustained an industrial injury on September 7, 2001, incurring neck and low back injuries. He was diagnosed with a traumatic brain injury, concussion, cervical sprain, cervical disc disease, lumbar disc disease, lumbar sprain and radiculopathy. He underwent a cervical laminectomy fusion with postoperative laminectomy fusion syndrome. Treatment included pain medications, muscle relaxants, topical analgesic patches and gels, sleep medications and activity restrictions. Currently, the injured worker complained of persistent pain of the cervical and lumbar spine. He noted reduced sensation and strength with paraspinal muscular spasms. The injured worker had increased emotional lability, distractibility, impulsivity with reduced attention span, cognition and short term memory. The treatment plan that was requested for authorization included prescriptions for Norco 10-325 mg #90 and Ultracet #120. On October 20, 2015, a request for prescriptions for Norco and Ultracet was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: Norco 10/325mg #90 is not medically necessary per the MTUS Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids for chronic low back pain appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (more than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation reveals that the patient has been on high dose opioids and long term Norco without significant evidence of increase in function therefore the request for continued Norco is not medically necessary.

Ultracet #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, pain treatment agreement, Opioids, psychological intervention. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Opioids, specific drug list.

Decision rationale: Ultracet #120 is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that Ultracet is for short term use 5 days in acute pain management. The request for #120 pills of Ultracet is not medically necessary as this medication is for five or less days of acute pain management only. Furthermore, the documentation does not reveal increase in function from prior opioids. Additionally, the request for Ultracet in combination with the patient's other opioids would further exceed the recommended 120mg MED. The documentation does not indicate a treatment plan for igniting this medication with goal setting or a detailed pain assessment. For all of these reasons the request for Ultracet is not medically necessary.