

Case Number:	CM15-0031317		
Date Assigned:	02/24/2015	Date of Injury:	11/08/2000
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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 47 year old male with an industrial injury dated on November 8, 2000. The injured worker diagnoses include low back pain with lumbar sprain/strain with lumbar degenerative joint diseases and facet arthrosis, status post anterior and posterior cervical spine fusion with chronic neck pain, muscle spasms and cervicogenic headaches and pain in the thoracic spine. He has been investigated with diagnostic studies and radiographic imaging. The treatments included prescribed medications, transcutaneous electrical nerve stimulator (TENS) unit and periodic follow up visits. According to the progress note dated 1/21/2015, the injured worker reported ongoing back and neck pain, severe muscle spasms and cramps in his legs. The injured worker also reported constant neck pain and headaches. Documentation noted that the injured worker reported that he could not function without pain medication. There was objective findings of decreased range of motion of the cervical and lumbar spine as decreased sensation in the extremities. The medications listed are Norco, Tramadol, Naprosyn and Protonix. The treating physician prescribed one (1) prescription of Norco 10/325mg #120. Utilization Review determination on February 6, 2015 modified the request to one (1) prescription of Norco 10/325mg #30, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 992.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The use of multiple opioid medications is associated with increased risk of opioid related complications. The records indicate that the patient is utilizing multiple opioid medications ; Norco and Tramadol. There is no documentation of guidelines required compliance monitoring with serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #180 was not met.