

Case Number:	CM15-0058109		
Date Assigned:	04/02/2015	Date of Injury:	11/12/2005
Decision Date:	05/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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 65 year old female injured worker suffered an industrial injury on 11/12/2005. The diagnoses included chronic pain, low back pain, spasms of back muscles and chronic intractable pain. The diagnostics included lumbar x-rays. The injured worker had been treated with medications and physical therapy. On 2/13/2015, the treating provider reported the activities of daily living improved with medications. There is reduced range of motion to the cervical and lumbar spine with tenderness. The treatment plan included Norco. The medications listed are Lyrica, Norco, Soma, Baclofen, Zolpidem, and Prilosec. The 3/10/2015 UDS report was inconsistent with negative result for all tested prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

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 (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with sedative medications. The records indicate that the patient is utilizing opioids and multiple sedative medications concurrently. The UDS report is indicative of non compliance with negative tests for all the prescribed medications tested. There is no documentation of the guidelines required compliance monitoring of absence of aberrant behavior, CURES checks and functional restoration. The criteria for the use of Norco 10/325mg #90 2 Refills was not met. The request is not medically necessary.