

Case Number:	CM15-0082117		
Date Assigned:	05/04/2015	Date of Injury:	01/16/2002
Decision Date:	06/05/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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 53-year-old male who sustained an industrial injury on 1/16/2002. His diagnoses, and/or impressions, are noted to include chronic pain; displacement of lumbar intervertebral disc without myelopathy; lumbar facet syndrome; status-post lumbar fusion and hardware removal; lumbago and chronic pain syndrome. His treatments have included lumbar surgeries; home exercise program; urine toxicology screenings and medications management. The progress notes of 10/9/2014 noted complaints that included moderate-severe low back pain/tightness/tenderness/spasms, which were increased with activity. Stated was that his medications were no longer helping alleviate his pain. It was noted that bilateral lumbar medial branch facet rhizotomy neurolysis did provide completed pain relief without oral medications utilization but a request for repeat procedure 1 year later was denied. The appeal denial for 4/8/2015 noted the modification of Norco 5/325mg pending urine toxicology results. The physician's requests for treatments included increasing Hydrocodone to Norco 10/325mg. It was noted in his last evaluation was on 4/5/2015 where he reported a slight decrease in his moderate spine pain, and requesting refills of Norco and Skelaxin. The physician stated his priority was for an effective treatment plan that will help relieve his patient's symptoms, with multiple bodily injuries, and his total pain relief to minimize discomfort enough for him to perform activities of daily living. The physician's requests for treatments included Norco to treat moderate-severe pain. The UDS report dated 10/9/2014 was consistent with prescribed hydrocodone. The medications listed are Norco, Skelaxin and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

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

Decision rationale: The CA MTUS and the ODG recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The records show subjective and objective findings consistent with the diagnoses of severe pain. The patient had completed treatments with non-opioid medications and PT. The interventional pain procedures that had previously eliminated the need for opioid medications had not been authorized. There is documentation of consistent UDS report and functional restoration with utilization of the opioids indicating compliance. There is no reported aberrant behavior or adverse medication effect. The criteria for the use of Norco 5/325mg #120 were medically necessary.