

Case Number:	CM15-0082702		
Date Assigned:	05/05/2015	Date of Injury:	11/21/2008
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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 44-year-old male with an industrial injury dated 11/21/2008. The injured worker's diagnoses include posttraumatic left sided hemiparesis, severe depression, internal derangement of the knee-post operative, contusion, and lumbosacral sprain/strain. Treatment consisted of PT, prescribed medications and periodic follow up visits. In a progress note dated 4/14/2015, the injured worker reported pain in the left upper extremity. Objective findings revealed weakness and restricted range of motion. The treating physician prescribed Norco 10/325mg now under review. There was no other clinical detail provided by the treating doctor on any of the provided clinic reports. The medications listed are Norco, Prilosec, Fexmid and Ambien. There were several inconsistent UDS reports including the tests date 11/22/2013 and 4/2/2014. The last UDS dated 3/10/2015 detected the hydrocodone and cyclobenzaprine. On 3/9/2015, the Qualified Medical Examiner noted that the IW had significant severe depression and anxiety. The IW was not to have utilized medications in the past but was no longer being treated for the psychiatric conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 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 (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records show indications of non-compliance with inconsistent UDS tests. There was no documentation of mandated compliance monitoring of absence of aberrant behavior, CURES data reports or functional restorations with utilization of opioids. The guidelines recommend that significant psychosomatic conditions be treated with mood stabilizing anticonvulsant and antidepressant co-analgesic medications. The criteria for the use of Norco 10/325mg #120 was not met and the request is not medically necessary.