

Case Number:	CM15-0087306		
Date Assigned:	05/11/2015	Date of Injury:	09/04/2012
Decision Date:	06/12/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/06/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old male, who sustained an industrial injury on September 4, 2012, incurring left wrist, left index finger, and left hip and low back injuries from prolonged and repetitive job activities. He was diagnosed with cervical disc disease with right sided radiculitis and disc protrusion, lumbar disc disease with disc bulging and protrusions, left hip degenerative disease and left wrist neuritis and tenosynovitis. Treatment included acupuncture, pain medications, cervical epidural steroid injection, transcutaneous electrical stimulation unit, Electromyography/Nerve Conduction Velocity studies and Magnetic Resonance Imaging. Currently, the injured worker complained of ongoing pain in the left hip, lower back, bilateral shoulders, left heel and left buttocks. The pain was sharp and constant, radiating to the back, left hip and left shoulder. The treatment plan that was requested for authorization included prescriptions for Norco and Xartemis XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on September 4, 2012. The medical records provided indicate the diagnosis of cervical disc disease with right sided radiculitis and disc protrusion, lumbar disc disease with disc bulging and protrusions, left hip degenerative disease and left wrist neuritis and tenosynovitis. Treatment included acupuncture, pain medications, cervical epidural steroid injection, transcutaneous electrical stimulation unit. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of this medication predates 02/12014. Although the reports stated he has improved, the available records indicate there has been no change between the most recent VAS levels and the initial levels when the injured worker was initially noted to be on opioids.

Xartemis XR 7.5 mg /325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Xartemis XR (Oxycodone & acetaminophen).

Decision rationale: The injured worker sustained a work related injury on September 4, 2012. The medical records provided indicate the diagnosis of cervical disc disease with right sided radiculitis and disc protrusion, lumbar disc disease with disc bulging and protrusions, left hip degenerative disease and left wrist neuritis and tenosynovitis. Treatment included acupuncture, pain medications, cervical epidural steroid injection, transcutaneous electrical stimulation unit. The medical records provided for review do not indicate a medical necessity for : Xartemis XR 7.5 mg /325 mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records

indicate the injured worker's use of this medication predates 02/12014. Although the reports stated he has improved, the available records indicate there has been no change between the most recent VAS levels and the initial levels when the injured worker was initially noted to be on opioids. (Oxycodone & Acetaminophen) is a combination of the opioid Oxycodone, and acetaminophen. The records indicate the injured worker has been using it for a long time without overall improvement. The Official Disability Guidelines recommends using it as a first-line agent.