

Case Number:	CM15-0088211		
Date Assigned:	05/12/2015	Date of Injury:	05/14/2004
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/07/2015

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 64 year old female who sustained an industrial injury on 05/14/2004. Current diagnoses include low back pain, degenerative disc disease, and trochanteric area bursitis bilateral. Previous treatments included medications management and cortisone injection. Report dated 04/08/2015 noted that the injured worker presented with complaints that included low back pain with radiation to bilateral hips. It was noted that symptoms are worse from last visit. Some pain relief is noted with use of narcotic pain medication. Pain level was 4 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for lumbar paraspinal tenderness and tender bilateral greater trochanter. The treatment plan included a prescription for Norco and a steroid injection was administered. The medications listed are Norco and Flexeril. Documentation submitted supports that the injured worker was prescribed Norco 10/325 mg on 10/15/2014 with no change in strength or dosing instructions to date. Disputed treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids Page(s): 75, 78-80, 132.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. 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 severe musculoskeletal pain when treatments with NSAIDs and non opioid medications have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation. Addiction and adverse interactions with other sedative medications. The records did not show that the patient failed treatments with NSAIDs and non opioid medications. There is no document of guidelines required compliance monitoring of UDS, CURES data checks, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #120 was not medically necessary.