

Case Number:	CM15-0088219		
Date Assigned:	05/12/2015	Date of Injury:	01/21/2008
Decision Date:	06/23/2015	UR Denial Date:	05/04/2015
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 was a 56-year-old female, who sustained an industrial injury, January 21, 2008. The injured worker previously received the following treatments random toxicology laboratory studies were negative for any unexpected findings, Acetaminophen with caffeine, Zanaflex, Protonix, Seroquel, Pantoprazole, Norco and Tylenol. The injured worker was diagnosed with displaced lumbar intervertebral disc, sciatica, spinal stenosis, lumbar without neuropathic claudication and issues repeat prescriptions. According to progress note of April 27, 2015, the injured workers chief complaint was struggling with chronic pain. The injured worker was stable on Norco, taking four tablets per day for the last 3 years. The pain medication regimen allowed the injured worker to be functional around the home. The pain was rated a 6 out of 10 with medication and without medication it would be intolerable. The injure worker had slightly elevated LFTs (liver function test) the primary physician due to Tylenol use. The physical exam noted pain in the lumbosacral area and extending into the bilateral buttocks. Flexion of 60 degrees caused pain in the buttocks extending down both legs posteriorly. Extension 10 degrees caused pain lumbosacral area. The seated straight leg raises caused pain on the legs on the ipsilateral side, bilaterally. The injured workers gait was non-antalgic. The treatment plan included prescriptions for Norco and Hysinglas ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tab, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Opioids Page(s): 42-43, 74-96. 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 treatment of exacerbation of musculoskeletal pain when treatments with standard 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 sedative medications. The records did not show that the patient failed treatments with NSAIDs and non-opioid co-analgesics such as anticonvulsants and antidepressant medications. The guidelines requires documentations of compliance monitoring of serial UDS, CURES data checks, absence of aberrant behaviors and objective measures of functional restoration. The criteria for the long-term use of Norco were not met. Therefore, the request is not medically necessary.

Hysinglas ER 40mg 1 tab, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Opioids, Vicodin Page(s): 42-43, 74-96, 123. 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 treatment of exacerbation of musculoskeletal pain when treatments with standard 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 sedative medications. The records did not show that the patient failed treatments with NSAIDs and non-opioid co-analgesics such as anticonvulsants and antidepressant medications. The guidelines requires documentations of compliance monitoring of serial UDS, CURES data checks, absence of aberrant behaviors and objective measures of functional restoration. The criteria for the use of Hysinglas ER were not met. Therefore, the request is not medically necessary.