

Case Number:	CM14-0116465		
Date Assigned:	08/04/2014	Date of Injury:	02/03/2003
Decision Date:	11/19/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52 years old male who was injured in 2/3/2003. The diagnoses are low back pain, status post lumbar fusion, cervical spine pain, headache and upper extremity pain. The past surgery history is significant for L4-L5 lumbar fusion. ██████████ noted subjective complaint of neck pain radiating to the upper extremities associated with numbness and tingling sensations. There are objective findings of decreased sensation along the C6, C7 and C8 dermatomes, tenderness over the affected bones and decreased range of motion of affected joints. The medications are Norco and ibuprofen for pain and Topamax for neuropathic pain and headache and nortriptyline for neuropathic pain. The UDS report dated 6/24/2014 was consistent with prescribed hydrocodone. A Utilization Review determination was rendered on 7/17/2014 recommending not certification for Norco 10/325mg #120. A Utilization Review determination was rendered on 7/17/2014 recommending not certification for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9794.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the maintenance treatment of severe musculoskeletal pain when treatment with non opioid medications, PT and surgical options did not relieve the pain. The records indicate that the patient have completed multiple surgeries and PT treatments. The patient is currently utilizing many non -opioid medications and co-analgesics. There is documentation of significant pain relief and functional restoration. The UDS is reported as consistent. There is no reported aberrant drug behavior or adverse drug effect. The criteria for the use of Norco 10/325mg #120 was met.