

Case Number:	CM14-0168126		
Date Assigned:	10/15/2014	Date of Injury:	02/27/2008
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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. 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 year old male who was injured on 2/27/2008. The diagnoses are lumbar radiculopathy, right hip strain, and low back pain. [REDACTED] noted that the patient is working on full duty. The only significant objective findings are tenderness and limited range of motion of the right hip and lumbar spine. The patient was evaluated for right hip and lumbar spine surgery. The medications listed on June 2014 are OxyContin, Neurontin, Diclofenac and Norco for pain and Zanaflex for muscle spasm. The records from April 2014 did not indicate that the patient was utilizing OxyContin or Norco. A Utilization Review determination was rendered on 10/2/2014 recommending non certification for Norco 10/325mg #180 2 tablets 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180, take 2 tablets 3 times a day for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids For Chronic Pain, When To Discontinue Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the patient had limited subjective and objective findings that indicate severe musculoskeletal pain. The patient is on full time work duty. The records show a rapid escalation of opioid dosage without supporting clinical indication. The patient is also utilizing OxyContin. There is no documentation of UDS, absence of aberrant conditions or compliance monitoring. The criteria for the use of Norco 10 /325mg #180 2 tablet 3 times a day was not met. Therefore, this request is not medically necessary.