

Case Number:	CM14-0168194		
Date Assigned:	10/15/2014	Date of Injury:	08/22/2005
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
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 Occupational Medicine and is licensed to practice in California. 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:

This injured worker is a 47 year old male who developed chronic spinal pain subsequent to an injury dated 8/22/05. He has been diagnosed with moderate spondylosis involving his cervical and lumbar spine. Electrodiagnostics were consistent with an S1 radiculopathy in addition to a peripheral neuropathy of unknown cause. There has been no accelerated use of Opioids and no aberrant drug related behaviors. The medications are reported to allow a 30% improvement in pain (9/10 diminished to 6/10). They are also reported to allow improved ADL's with ability to self-dress, clean and walk with cane assistance. An Agreed Medical Re-Evaluation (AME) opinioned a QIW status and a 24% WPI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines supports the judicious use of opioids when there is pain relief and functional support. These standards have been met with this injured worker. The dose

of Opioids is quite minimal, the pain relief is substantial, and function is supported. There are no patterns of accelerated use or misuse. The request for Norco 7.5/325 #60 is medically necessary.

Docusate 250mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: MTUS Guidelines supports the prophylactic use of laxatives when Opioids are prescribed. The request for Docusate 250mg #30 is medically necessary.