

Case Number:	CM15-0107594		
Date Assigned:	06/12/2015	Date of Injury:	07/31/2003
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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 54-year-old male, who sustained an industrial injury on 07/31/2003. He has reported subsequent neck and back pain and was diagnosed with thoracic/lumbosacral neuritis/radiculitis, sacroiliitis and cauda equine syndrome. There are additional diagnoses of erectile dysfunction and hypogonadism. Treatment to date has included oral pain medications, physical therapy and acupuncture. In a progress note dated 04/30/2015, the injured worker reported an improvement in neck and back pain after physical therapy and acupuncture. Objective findings were notable for pain in the low back with flexion beyond 50 degrees. There was no pain rating given in the most recent visit note nor was there any discussion as to the effectiveness of Norco on the injured worker's pain and function. A request for authorization of Norco was submitted. The medications listed are Kadian, Cymbalta, baclofen, Zanaflex, Topamax, Viagra, Lunesta, ibuprofen, Androgel and hydrocodone. The UDS and CURES reports were noted to be consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. 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 short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, co-analgesics and PT have failed. The chronic utilization of high dose opioids can be associated with the development of tolerance, opioid induced hyperalgesia, addiction, dependency, sedation and adverse interaction with other sedatives. The records indicate that the patient is utilizing opioids and other sedatives concurrently. The guidelines did not support the prescription of multiple opioid refills because of the required documentation of compliance, functional restoration and continual indication of opioid use. The criteria for Norco 10/325mg #90 with 2 refills was not met and therefore the request is not medically necessary.