MAXIMUS Federal Services

Case Number:	CM15-0013188		
Date Assigned:	01/30/2015	Date of Injury:	08/16/2002
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: California, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old female sustained an industrial injury on 8/16/02, with subsequent ongoing back pain. No recent magnetic resonance imaging was available for review. Current diagnoses included muscle spasm, nonallopathic lesions to the cervical and thoracic region, cervicobrachial syndrome, migraine, anxiety, lumbosacral plexus lesion, displacement of intervertebral disc and insomnia. UDS on 5/08/14 was positive for prescribed morhpine, hydromorphone, lorazepam. According to 9/15/14 clinic note the patient reports chronic upper and lower back pain which is 7/10 without medications and 1/10 with medications. She states that both long acting (kadian) and short-acint opioids are helpful in improving her symptoms. In a PR-2 dated 12/16/14, the injured worker complained of ongoing intractable upper back and neck pain with loss of global motion. The injured worker also complained of increasing suboccipital and mechanical type headaches. Physical exam was remarkable for restriction of cervical global motion. Work status was permanent and stationary. The treatment plan included refilling medications (Norco, Skelaxin and Kadian). According to 1/22/15 clinic note she has 4/10 pain with medications and 7-9/10 pain without medications and that the patient has been compliant with medications and that the medications help her maintainher activities of daily living. On 1/13/15, Utilization Review noncertified a request for Norco 10/325, quantity: 1.00, citing ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325, quantity: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is clearly a description of quantifiable improvement with ongoing long-term use of short acting opioidsboth in function capacity, improvement of activities of daily living and improved VAS score of pain symtpoms. Additionally hydrocodon/APAP is not used as a first line treatment rather it is used as an adjunct treatment for breakthrough pain on a PRN basis. The dose is well below recommended maximum dosage of 100MED, there has been no recent escalation, there has been no aberrant prescribing such as early refills or lost pills, there is no report of adverse drug effects or evidence of abuse, UDS have been appropriate for the prescribed medication, there is appropriate follow-up, opioids are used as a second line agent to an appropriate first line medication, and the physician reports in the clinical record that the patient has had improved pain symptoms with the current dosage of short-acting opioids. Consequently continued use of short acting opioids is supported by the medical records and guidelines as being medically necessary.