

Case Number:	CM15-0120240		
Date Assigned:	06/30/2015	Date of Injury:	11/02/2010
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 63-year-old female, who sustained an industrial injury on November 2, 2010. The injured worker was diagnosed as having cervical radiculopathy, pain disorder related psychological factors, backache, cervical spondylosis and lumbosacral spondylosis. Treatment to date had included psychiatric consultation, cognitive behavioral therapy (CBT), and medication. A progress note dated May 6, 2015 provides the injured worker complains of neck, hand and back pain radiating to left leg. She reports her leg has given out a few times and the numbness and pain have increased. Her pain is rated 6/10. Physical exam notes lumbar and sacroiliac tenderness with positive straight leg raise on the right. There was decreased sensation along the L4-L5 dermatomes. The plan includes Norco, surgical consultation and follow-up. The IW reported non-compliance with recommended dose regimen for Neurontin. She requested refills for only Norco. The IW was noted to be utilizing psychiatric medications but no detail was provided. The UDS dated 4/6/2015 was inconsistent with non-detection of prescribed Neurontin and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 91, 124.

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 recommended that opioids could be utilized for short-term treatment of exacerbation of musculoskeletal pain when treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with sedatives and psychiatric medications. The records indicate that the patient is utilizing opioids with multiple non-reported sedative and psychiatric medications concurrently. There are documentations of non-compliance with non-utilization of prescribed Gabapentin as well as inconsistent UDS reports. There is no documentation of guidelines mandated compliance monitoring of CURES data reports, absence of aberrant behavior and functional restoration. The guidelines recommend that chronic pain patient with significant psychosomatic symptoms be treated with mood stabilizing anticonvulsant and antidepressant co-analgesics medications. The criteria for the chronic use of Norco 10/325mg #100 were not medically necessary.