

Case Number:	CM15-0120540		
Date Assigned:	07/01/2015	Date of Injury:	02/14/2009
Decision Date:	08/28/2015	UR Denial Date:	06/04/2015
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: New York

Certification(s)/Specialty: Anesthesiology

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 38 year old male, who sustained an industrial injury on 2/14/09. He reported sharp pain in the low back immediately after lifting a person while working as a police officer. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, radiculopathy, sprain and strain of sacroiliac, fibromyalgia/myositis and unspecified neuritis and radiculitis. Treatment to date has included activity restrictions, oral medications including Ambien, Zofran, Norco 10/325mg and Hydroxyzine Pamoate 25 mg; trigger point injections and chiropractic treatment. Currently on 5/28/15, the injured worker complains of continued low back and left lower extremity pain. He complains of exacerbation of back and left side back spasms following physical therapy for recent shoulder surgery. He notes the Norco and Hydroxyzine are providing him with pain and symptom relief and preservation of functional capacity; he also notes improved sleep with Hydroxyzine. He is working full time at a desk job. Physical exam on 5/28/15 noted palpable twitch with positive trigger points in muscles of the head and neck and pain with range of motion of the neck. Physical exam of lumbar spine revealed pain on palpation bilaterally of L3-S1 region, pain over the lumbar intervertebral discs on palpation, severe spasms on left paraspinals and palpable twitch of trigger points in the lumbar paraspinal muscles; lumbar range of motion is also restricted with pain. A request for authorization was submitted on 5/29/15 for Norco 10/325g and Hydroxyzine Pamoate 25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Hydroxyzine Pamoate 25mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment; sedating antihistamines.

Decision rationale: Hydroxyzine (Atarax) is used as a sedative to treat anxiety and tension. It also acts as an antihistamine and used to treat allergic skin reactions. In this case, there is no documentation that the patient has significant anxiety or allergic conditions to warrant the use of this medication. Medical necessity for Hydroxyzine has not been established. The requested medication is not medically necessary.