

Case Number:	CM15-0122305		
Date Assigned:	07/06/2015	Date of Injury:	06/13/1997
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 65 year old female who sustained an industrial /work injury on 6/13/97. She reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having anterior cervical discectomy and fusion (ACDF), low back pain, cervical radiculopathy, and lumbar radiculopathy. Treatment to date included medication, diagnostics and referral. MRI results reported on 5/19/15. X-ray results reported on 4/27/15 show a grade II degenerative spondylolisthesis of L4 on L5 with post op changes. Currently, the injured worker complained of continued neck and low back pain and left buttock posterolateral thigh and calf pain that is rated 5-7/10. Per the primary physician's report (PR-2) on 5/12/15, there was limited range of motion in flexion and extension, ambulates with a slow gait without an assistive device. Current plan of care included continue current medications and consider surgery. The requested treatments include Retrospective Norco 5/325mg, Retrospective Klonopin 0.5mg, and Retrospective Motrin 800mg (all dispensed on 5/12/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325mg #120 (dispensed on 5/12/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco over 6 months in combination with NSAIDs. There was no indication of weaning or Tylenol failure or weaning attempt. Tricyclic trial was not noted. As a result, the request for continued and chronic use of Norco is not medically necessary.

Retrospective Klonopin 0.5mg #30 (dispensed on 5/12/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Klonopin for several months in combination with Norco and NSAIDs. Continued and chronic use is not medically necessary.

Retrospective Motrin 800mg #60 (dispensed on 5/12/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months in combination with Norco. There was no indication of Tylenol or Tricyclic failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.