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| Case Number: | CM15-0038502 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 06/15/2012 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 6/15/2012. He reported head, neck, upper extremities, and low back pain. The injured worker was diagnosed as having assault blunt head trauma and abdomen injury, post-traumatic syring, cervical myelopathy, headaches, thoracic discogenic disc disease, and insomnia. Treatment to date has included medications, and magnetic resonance imaging. Surgical history and diagnostic studies were not provided in the medical records. The patient had complaints of pain of the upper and lower extremities, headaches, neck pain, low back pain, bilateral wrist pain, difficulty sleeping, depression and anxiety. The treatment plan included neurosurgical evaluation, sleep study, electrodiagnostic studies, neurological follow up, and Fioricet and Wellbutrin. The records indicated he had been utilizing Norco, Naproxen, and Prilosec since at least April 2014. The request was for Naproxen, Prilosec, Norco, and a spine specialist consultation. The request for authorization was provided on 6/6/2014 for spine specialist, 7/28/2014 for Prilosec and Norco, and 09/10/2014 for Naproxen. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4As for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review failed to provide an objective decrease in function and decrease in pain with the use of the requested opioid analgesic and whether there had been reported adverse effects or aberrant drug taking behaviors. Therefore, the continued use is not supported. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.