

Case Number:	CM15-0067587		
Date Assigned:	04/15/2015	Date of Injury:	06/14/2000
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/09/2015

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 57-year-old male who sustained an industrial injury on 06/14/00. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies include MRIs, and nerve conduction studies. Current complaints include ongoing neck and bilateral upper extremity pain. Current diagnoses include bilateral shoulder pain, proximal ventral radiculopathy and bilateral median mononeuropathy. In a progress note dated 02/27/15 the treating provider reports the plan of care as continued medications including Norco, Percocet, gabapentin, and Valium. The requested treatments are Norco and Percocet. The UDS dated 3/21/2015 was consistent with prescribed opioids but the October 2014 and the 1/30/2015 tests are inconsistent for non detection of prescribed medications. The CURES report was noted to be consistent. The IW depends of home health services for ADL requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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 recommends that opioids can be utilized for the short treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records did not show compliance monitoring of consistent documentation of guidelines required UDS and functional restorations. There are inconsistent UDS monitoring reports. There is no documentation of significant functional restoration with utilization of opioids. The patient is utilizing 2 short acting opioids and sedatives concurrently. The utilization of only short acting opioids is associated with poor quality of pain relief profile compared with extended release formulations. Short acting medications are associated with more frequent dosing and end of dose breakthrough exacerbation of pain. The criteria for Norco 10/325mg #30 was met for the treatment of exacerbation of pain. The request IS medically necessary.

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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 recommends that opioids can be utilized for the short treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records did not show medications compliance with documentation of guidelines required UDS and functional restoration. There are inconsistent UDS monitoring reports. There is no documentation of significant functional restoration with utilization of opioids. The patient is utilizing 2 short acting opioids and sedatives concurrently. The utilization of only short acting opioids is associated with poor quality of pain relief profile compared with extended release formulations. Short acting medications are associated with more frequent dosing and end of dose breakthrough exacerbation of pain. The criteria for maintenance treatment with Percocet 10/325mg #90 was not met. The request IS NOT medically necessary.