

Case Number:	CM15-0067751		
Date Assigned:	04/15/2015	Date of Injury:	03/30/2010
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
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 61 year old female who sustained an industrial injury on 3/30/10. The injured worker reported symptoms in the back and wrist. The injured worker was diagnosed as having spinal stenosis and herniated disc. Treatments to date have included oral pain medication, physical therapy, wrist brace, splint, thumb brace, status post L4-5 duraplasty with dural fascial graft, non-steroidal anti-inflammatory drugs, stretching exercise and injections. Currently, the injured worker complains of back and wrist pain. The plan of care was for renewal of medication prescriptions and a follow up appointment at a later date. The medications listed are Norco, Percocet, meloxicam, Pepcid, alprazolam and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, take 1-2 PO q6h PRN for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91-92.

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 recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, addiction dependency, sedation and adverse interaction with sedative medications. There is no documentation of guidelines required compliance monitoring with UDS, CURES data check, absence of aberrant and objective findings of functional restoration. The patient is utilizing multiple short acting opioids and other sedatives concurrently. The criteria for the use of Norco 10/325mg 1-2 Q 6hrly PRN was not met. The request is not medically necessary.

Oxycodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91-92.

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 recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, addiction dependency, sedation and adverse interaction with sedative medications. There is no documentation of guidelines required compliance monitoring with UDS, CURES data check, absence of aberrant and objective findings of functional restoration. The patient is utilizing multiple short acting opioids and other sedatives concurrently. The criteria for the use of oxycodone was not met. The request is not medically necessary.