

Case Number:	CM15-0069401		
Date Assigned:	04/17/2015	Date of Injury:	07/01/2009
Decision Date:	06/04/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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 47-year-old male, who sustained an industrial injury on 7/01/2009. Diagnoses include lumbosacral radiculopathy. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 2/09/2015, the injured worker reported pain in the cervical, thoracic and lumbar spine, bilateral shoulders, bilateral wrists and bilateral knees. Physical examination revealed decreased range of motion of the cervical spine and lumbar spine with spasm, tenderness and guarding. There was numbness in the bilateral upper extremities with spasm, tenderness and guarding of the shoulders bilaterally. There was positive Hawkin's and Phalen's of the wrist. There was tenderness to palpation of the left knee over the lateral joint line, medial joint line and patella with positive impingement sign. The plan of care included medications and authorization was requested for Norco 7.5/325mg #60. The medications listed are Norco, Lexapro and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

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 when conservative treatment with NSAIDs and non opioid co-analgesics have failed. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative and psychiatric medications. The records did not show documentation of guidelines mandated compliance monitoring of serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. The guidelines did not support prescription of multiple opioid refills because of the required clinic re-evaluations for continual need for opioid medications. The criteria for the use of Norco 5/325mg #60 5 refills was not met. The request is not medically necessary.