

Case Number:	CM15-0072172		
Date Assigned:	04/22/2015	Date of Injury:	06/30/2006
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/15/2015

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 62 year old female who sustained an industrial injury on 6/30/2006. Her diagnoses, and/or impressions, included: low back pain with right sciatica; knee pain with osteoarthritis and Baker cyst; cervical spondylosis; chronic calcific tendonitis of the shoulders; greater trochanteric bursitis; osteoarthritis and pain in the knees; and carpal tunnel syndrome. No current magnetic resonance imaging studies are noted. Her treatments have included carpal tunnel injection; corticosteroid injection therapy: effective; non-steroidal anti-inflammatories; regular exercise; use of a cane; and medication management. Progress notes of 3/2/2015 noted the history of her injury/illness with no specific complaints noted. The physician's requests for treatments were noted to include Norco for low back pain, stating she is stable on Norco. The medications listed are Skelaxin, Norco, Nexium and Aleve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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 treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. There is no documentation of guidelines required compliance monitoring with serial UDS, absence of aberrant behavior, CURES data reports and functional restoration. The criteria for the use of Norco 10/375mg #75 was not met.