

Case Number:	CM15-0076256		
Date Assigned:	04/24/2015	Date of Injury:	06/03/2008
Decision Date:	05/22/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/17/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old man sustained an industrial injury on 6/3/2008. The mechanism of injury is not detailed. Evaluations include lumbar spine CT scans dated 5/10/2011 and 9/24/2012, lower extremity CT angiogram dated 12/8/2010, and lumbar spine x-ray dated 1/29/2015. Diagnoses include facet arthropathy, myalgia and myositis, muscle spasms, lumbar spine herniated nucleus pulposus, lumbar post-laminectomy syndrome, lumbar spondylosis, and thoracic or lumbosacral radiculopathy. Treatment has included oral medications, physical therapy, home exercise program, transforaminal epidural steroid injection, surgical intervention, and trigger point injection. Physician notes dated 3/24/2015 show complaints of lumbar spine pain with radiculopathy. Recommendations include Norco, Gabapentin, Lidocaine patches, Kadian, Methocarbamol, and follow up in one month. Clinical Conference notes from Oct 14 state that there has been inadequate response to opioids due to tolerance and/or opioid induced hypersensitivity. In Feb '15 a switch to Suboxone was to be trialed. It is not well documented what happened with this plan. The medication mix is said to provide 10-20% pain relief, the component of relief from opioids is not documented. Gabapentin is stated to be the most effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg Qty 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Guidelines do not recommend the continued use of an opioid when there is no pain relief and/or measured improvements in function. These improvements are not met with this patient. The contribution of quality of life from Norco is not differentiated from the multiple other medications utilized. There is no specific documentation of how much or how long pain relief lasts when Norco is utilized. When this individual does not take the Norco he feels worse which is expected due to withdrawal from regular use. Feeling worse under these circumstances does not mean that the medication was beneficial when it was being utilized. Under these circumstances, the continued use of Norco 10/325 #240 is not supported by Guidelines and is not medically necessary.

Kadian 30mg Qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: When there is an inadequate response to a short acting opioid, MTUS Guidelines supports a trial of a long acting Opioid. That is what appear to be the circumstances in this individual. It is fairly clear that hydrocodone was not providing even short term relief so a rotation and trial of a long acting opioid is Guideline supported. This can be re-reviewed again in a few months to see if the use of Kadian meets Guideline standards. At least a trial of Kadian 30mg. #60 is supported by Guidelines and is medically necessary.