

Case Number:	CM15-0078164		
Date Assigned:	05/06/2015	Date of Injury:	02/05/2010
Decision Date:	06/10/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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 52 year old male with an industrial injury dated 01/01/1995. His diagnoses included post laminectomy syndrome lumbar region and history of lumbar laminectomy. Prior treatment included lumbar spine surgery, diagnostics, lumbar epidural steroid injection, caudal injection (with 70% pain relief for 2 months), home exercise program and medications. He presents on 03/05/2015 with complaints of chronic, severe low back pain which has increased since last visit. He also complained of left lower extremity numbness and tingling. He rates the pain as 10/10 without medications and 7/10 with medications. Physical exam revealed right foot drop with absent ankle reflex on the right and loss of sensation at lumbar 4 and 5 on the right. Strength was decreased in bilateral lower extremities. Medications included Norco, Vicoprofen, Amitriptyline, Neurontin, Naprosyn, Prozac, Xanax, Medrol and Trazadone. The provider documents the medications prescribed are keeping the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. The provider also documented there were no side effects associated with the medications. Treatment plan included pain management with medications to include Norco. The UDS date 1/8/2015 was inconsistent with negative test for opioids or benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74 and 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124, Postsurgical Treatment Guidelines. 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 standard treatments with NSAIDs and PT have failed. The chronic utilization of high dose opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. The records show that the patient is utilizing multiple short acting opioids and sedative medications concurrently. The records showed inconsistent UDS report with absence of prescribed opioids and benzodiazepines. The criteria for the use of Norco 10/325mg was not met. The request is not medically necessary.