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| Case Number: | CM15-0095688 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 09/29/1998 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 68 year old male, who sustained an industrial injury on 9/29/98. He reported initial complaints of back pain. The injured worker was diagnosed as having chronic pain due to trauma; myalgia/myositis chronic; degenerative disease chronic; muscle spasms; sacroiliitis NEC; facet joint degeneration; radiculopathy thoracic and lumbosacral. Treatment to date has included physical therapy; medications. Diagnostics included CT myelogram lumbar (6/11/13 and 2/19/2014 and 12/5/14). Currently, the PR-2 notes dated 5/1/15 indicated the injured worker complains of back pain. The severity is moderate but worsening and persistent. The pain radiates to the right ankle, right calf, right foot and right thigh. It is described by the injured worker as an ache, burning, deep, diffuse, discomfoting, dull, piercing, sharp, shooting, stabbing and throbbing. Symptoms are aggravated by ascending, descending stairs, bending, pushing or pulling, and extension, flexion jumping, lifting, lying at rest rolling over in bed, sitting, sneezing, and standing, twisting and walking. Relief is from lying down, massage, pain medication, physical therapy, rest and sitting. Pain scores without medication is 10/10; with medications 6/10 and on average for the last month pain has been at 6/10. A clinical history of notable aortic valve replacement (2005), throat cancer surgery (2008); splenectomy and placement of a pacemaker, GERD, nonspherocytic hemolytic anemia and chronic pain. He has no history of spinal surgery. Medications currently prescribed are: Pantoprazole; Buspirone; Sertraline; Vitamins; Norco and Warfarin. The provider is requesting Norco 10/325mg #180 and Unknown prescription of Metoprolol Succinate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

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

Decision rationale: Norco 10/325mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The Patient Interval Questionnaire dated 5/1/15 states that even with medications the patient struggles but can fulfill home responsibilities. He cannot do outside activity, volunteer or work. The documentation reveals that the patient has been on Norco without significant evidence of significant objective increase in function therefore the request for continued Norco is not medically necessary.

Unknown prescription of Metoprolol Succinate: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Label: Metoprolol Tartrate - <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=011ee828-5c2a-49b9-bf8e-07f5eb5fc635>.

Decision rationale: Unknown prescription of Metoprolol Succinate is not medically necessary per an online review of this medication per the NIH drug information website. The MTUS and ODG do not address this issue. A review of Metoprolol reveals that it is indicated for the treatment of hypertension, angina pectoris, and in the treatment of hemodynamically stable patients with definite or suspected acute myocardial infarction. The documentation dated 5/1/15 states that the patient has hypotension and is off all cardiac medications. Furthermore, the request does not specify a dose or quantity of this medication therefore the request for Metoprolol is not medically necessary.