

Case Number:	CM13-0056074		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2009
Decision Date:	06/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Injured worker is a male with date of injury 11/16/2009. Per secondary treating physician's progress report, the injured worker complains of lumbosacral pain rated at 7/10 with frequent moderate to severe pain. On exam there is decreased and painful range of motion. Diagnoses include 1) lumbar facet syndrome 2) multiple lumbosacral herniated nucleus propulsus.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION-NORCO (DOSAGE NOT SPECIFIED) 90 TABS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, and the Weaning Of Medications Section Page(s): 74-95, 124.

Decision rationale: The request is for a refill medication, Norco #90. The dose is not specified in the request. Review of the clinical documents provided for review shows that there are routine refills of Norco #90 made with no dose indicated. There is no indication that the injured worker has received any benefit from Norco, as would be indicated by improvement in symptoms and improvement in function. The injured worker has been injured for four years, and documents for the past year do not indicate that there has been any change in status or change in opioid pain

medication management, although the current dosing remains uncertain. There has been periodic urine drug testing with results consistent with the use of opioid pain medications. The guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide recommendations for the rare circumstances when opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for medication-Norco (dosage not specified) 90 tabs is determined to not be medically necessary.