

Case Number:	CM14-0015782		
Date Assigned:	02/21/2014	Date of Injury:	01/04/2007
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 58-year-old male with a reported injury date of 01/04/2007; a mechanism of injury was not provided. The injured worker's diagnoses include left sciatic nerve injury and sacroiliitis. A clinical note dated 01/02/2014 noted that the patient had complaints that included pain to the left hip, buttocks, and left side of the neck. It was also noted that the injured worker had complaints that included low back pain that radiated to the right hip and buttocks and bilateral leg pain to the knee and foot. Upon examination it was noted that there was tenderness to the left lumbar spine and left sacroiliac joint. It was also noted that there was lumbar pain with extension and rotation. Examination of the lower extremities noted range of motion within normal limits, lower strength of 3/5 on the left and some sensory loss of the left lateral calf. The request for Norco 10/325 mg quantity 150 was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #150 TO ALLOW FOR WEANING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, Page(s): 124.

Decision rationale: The request for Norco 10/325 mg times 150 to allow for weaning is non-certified. The California MTUS Guidelines state that slow taper of opioid use is recommended. The guidelines also state that opioid weaning should include a complete evaluation of treatment, comorbidity, psychological condition, clear written instructions should be given to the patient and family, a designed taper by 20% to 50% per week of original dose for patients who are not addicted, and weekly office visits. Although it is recommended that weaning opioid medication is recommended, it remains unclear if this injured worker is still currently taking this medication, as the last clinical note provided was approximately 5 months ago. Additionally, there was a lack of evidence provided that there was an adequate weaning schedule in place. Furthermore, the clinical note provided noted that the next clinical visit for the injured worker was 30 days; weekly visits are recommended during a weaning program. As such, this request is non-certified.