

Case Number:	CM14-0126859		
Date Assigned:	09/29/2014	Date of Injury:	09/04/2010
Decision Date:	12/04/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 29 year old male who was injured on 9/4/2010. He was diagnosed with low back pain. He was treated with opioids, surgery (lumbar), and topical analgesics. On 6/27/2014, the worker was seen by his primary treating physician complaining of low back pain. His pain limits his ability to exercise, which he had been trying to do on a regular basis. He reported using Norco and Percocet (alternating basis) which helps his pain (not measured). He also reported using methadone and capsaicin for his chronic low back pain. Physical examination findings included tenderness of the thoracic and lumbar region with tightness of the muscles. He was recommended to continue his then current medications and doses and return in four weeks. He was also recommended to start Cymbalta to help treat his pain as well as symptoms of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills, 1 PO QID for the purpose of weaning to discontinue, over a weaning period of 2-3 months: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50 percent per week of the original dose for patients who are not addicted or 10 percent every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. In the case of this worker, at the time of the request, he had been using multiple opioid medications which added up to a daily morphine equivalent dose of approximately 290, which is far beyond dosing recommendations. Also, there was no current documented evidence of benefit from Norco use. The request appears to be much more than what would be considered even a slow wean, and therefore, the Norco #120 pills with 2 refills will be considered medically unnecessary.