

Case Number:	CM14-0134121		
Date Assigned:	08/25/2014	Date of Injury:	07/01/2011
Decision Date:	09/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/19/2014

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 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:

The injured worker is a male with date of injury 7/1/2011. Per a pain management note dated 7/15/2014, the injured worker reports that he has been denied his medications the past 2-3 months. When able to take his medication, he is able to be functional with his activities of daily living and exercise. He reports that his pain is in the left leg, bilateral buttocks, bilateral hips, left knee and left ankle/foot. He reports that pain is made worse by lifting, bending, twisting, and no sleep. The pain is made better by sleep, heat, medication, ice, changing positions. In the last month without medications the least pain is 7/10, average pain is 8/10, and the worst pain is 9/10. On examination he is able to sit through the evaluation, displays normal pain behaviors, speaks clearly, and there is no evidence of overmedication, sedation or withdrawal symptoms. He is grimacing. He has a slow antalgic gait using single point cane and has decreased range of motion of his torso. Diagnoses include 1) lumbar radiculopathy 2) herniated lumbar disc 3) leg pain 4) depression, chronic 5) insomnia, chronic.

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 OPIOIDS.

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. Prior clinical notes indicate that when the injured worker was being treated with Norco he reported that his pain was 7/10, and now off of medication his pain averages 8/10. He also appears to be just as functional now off his medications as when he was taking Norco. He has been recommended in prior reviews that he be tapered off of his medications for lack of adequate response. This request however is not for a weaning treatment, but to maintain treatment. As such, the request is not medically necessary and appropriate.