

Case Number:	CM14-0158725		
Date Assigned:	10/02/2014	Date of Injury:	10/17/2006
Decision Date:	11/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/27/2014

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 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 patient had a date on injury on 10/17/2006. Around March 2004 patient was lifting something heavy and hurt his neck and back. As he kept working over the years the symptoms of his neck and back worsened. Diagnosis include Lumbago, Cerviclagia, Anxiety, Opioid dependence and cervical disc degenerative disease and Sciatica. Medications include Valium, Norco and Suboxone.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325MG #240: 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): 81-82.

Decision rationale: According to guidelines chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the

use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. According to the patients medical records the patient does have Opioid dependence and there is no documentation that NSAID or Acetaminophen has been tried and failed. Therefore, the request is not medically necessary.