

Case Number:	CM14-0047066		
Date Assigned:	07/02/2014	Date of Injury:	09/14/2011
Decision Date:	08/13/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/15/2014

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:

Injured worker is a male with date of injury 9/14/2011. Per pain management progress report dated 3/11/2014, the injured worker complains of lower left back to middle of back pain and left buttocks pain. His left leg gives out. He reports that he stopped Tramadol because it was not effective. He requests Norco 3 tablets daily instead of 2 tablets daily. He rates his pain severity as 7/10, best being 6/10 and worst being 8/10, which is unchanged from last visit. He describes his pain as aching. Weakness, numbness, loss of bowel or bladder control is not associated with the pain or injury. On exam he has no distress. His mood and affect are euthymic. He is alert. He appears to have intact judgment and insight into his current health issues. Diagnoses include carried over diagnosis of lumbago/low back pain and carried over diagnosis of thoracic or lumbosacral neuritis or radiculitis unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: The injured worker was being treated with both Norco and Tramadol, but self-discontinued the Tramadol as he reported it was not as effective. He requested an increase in the Norco use, even though the reported pain remains the same and there is no reported change in pain or functional level. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where 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. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. 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 continue treatment. The request for Norco 10/325 mg #90 with one refill is determined to not be medically necessary.