

Case Number:	CM14-0084059		
Date Assigned:	07/21/2014	Date of Injury:	09/11/2002
Decision Date:	09/08/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old female was reportedly injured on the 09/11/2002. The mechanism of injury is listed as a slip and fall on stairs. The most recent progress note dated 05/06/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated tenderness at the lumbar spine, facet joint sacroiliac joints, right hip joint line and greater trochanter; decreased lumbar spine and right hip range of motion and positive Patrick's tests on right. No recent diagnostic imaging studies available for review. Previous treatment includes Toradol injection, vocational rehabilitation, and medications to include Lunesta, Klonopin, Lexapro, MS Contin, Norco, Ibuprofen and compounding cream. A request was made for Norco 10/325mg and was modified to permit a gradual tapering over three months in the utilization review on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76, 78-81, 86, 89, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 124.

Decision rationale: The MTUS guidelines suggest a slow taper for opiate weaning and recommend clear written instructions be given to the patient and family, if patient cannot tolerate a taper then refer to an expert, taper 20% to 50% per week of original dose, weekly office visits, assess for withdrawal using a scale such as Subjective Opioid Withdrawal Scale (SOWS) or Objective Opioid Withdrawal Scale (OOWS), and recognize this may take months. The claimant has chronic back pain after a fall in 2002, and currently takes Norco 10/325mg every 4 hours. Per treatment guideline criteria, the dose can be decreased Norco 7.5/325 mg (25% of current dose) to allow for a gradual taper. Furthermore, there is no documentation of weekly office visits. As such, the current request is not considered medically necessary.