

Case Number:	CM14-0207707		
Date Assigned:	12/19/2014	Date of Injury:	11/27/1991
Decision Date:	02/12/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 11/27/1991. Per primary treating physician's progress report dated 10/23/2014, the injured worker continues to complain of low back pain radiating to his legs. He notes functional improvement and pain relief with the adjunct of the medication. On examination there is tenderness over the lower lumbar paravertebral musculature. Forward flexion is 60 degrees, extension 10 degrees, and lateral bending 30 degrees. Sitting straight leg raise examination is negative bilaterally. Diagnoses include 1) status post lumbar fusion with residual low back pain 2) status post right elbow lateral epidoncylectomy and extensor tendon repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/3.25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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 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. 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. The requesting physician explains that the opiate contract was discussed and signed by the injured worker. Periodic drug screening was also discussed, and is repeated every three months. Functional improvement and pain improvement with the use of medications is reported by the injured worker. This injured worker is chronically injured, with the injury occurring approximately 23 year ago. The pain assessment is not complete, with no quantified improvement of pain reported, and no objective report of functional improvement. There is no report of recommended restrictions or a reduction in work restrictions with the use of Norco. There is no discussion of attempts to discontinue the use of opioid pain medications. Medical necessity of chronic opioid pain medications has not been established within the recommendations of the MTUS Guidelines. 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 claims administrator modified this request to allow for weaning of opioid pain medications. Therefore, the request is not medically necessary.