

Case Number:	CM15-0003407		
Date Assigned:	01/14/2015	Date of Injury:	09/20/2006
Decision Date:	03/16/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 gentleman sustained an industrial injury on 9/20/2006. The diagnoses have included other & unspecified disorders of the lumbar region. Treatment to date has included chiropractic, acupuncture, physical therapy and medications. Currently, the Injured Worker complains of pain that is getting worse with the colder weather. He takes medications to be functional. He is working full-time. His pain is rated as 6-8/10 without medications and 3-4/10 with medications. He also takes Flexeril for muscle spasm. Objective findings include tenderness across the lumbar paraspinal muscles, pain, with facet loading and across the right ankle and left knee. On 1/07/2015 Utilization Review non-certified Norco 10/325mg #120 noting the lack of compliance testing. The MTUS was cited. On 1/07/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Per the MTUS, On going management of opioid use should occur under very specific guidelines and include documentation of the 4 A's which are analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. A review of the injured workers medical records reveal that during his office visit on 11/14/2014 he was reporting increased pain despite being on opioid therapy and this may represent hyperalgesia which per the MTUS is developing an unexpected change in response to opioids, development of abnormal pain, change in pain pattern or persistence of pain at higher levels than expected. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli and it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. Based on the injured workers clinical presentation and the guidelines the request for norco 10/325mg # 120 is not medically necessary.