

Case Number:	CM15-0104433		
Date Assigned:	06/08/2015	Date of Injury:	08/07/2007
Decision Date:	07/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

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 injured worker is a 33 year old male, who sustained an industrial injury on 8/7/07. The injured worker has complaints of back pain. The documentation noted on examination of the lumbar spine the injured worker has mild tenderness to palpation of the paraspinal musculature of the lumbar spine, more so on the right. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; lumbar degenerative disc disease and status post lumbar microdiscectomy. Treatment to date has included Norco; baclofen and celebrex. The request was for Norco tab, 10/325mg, take 1 every 4-6 hours as needed, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab, 10/325mg, take 1 every 4-6 hours as needed, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids; Opioids, criteria for use, On-going Management.

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 injured worker has been taking Norco since at least mid-2014. He continues to take the medication in a chronic manner and it appears to help with his pain and increase in function, as he is able to work. The available records do not provide a rationale for continued treatment with opioid medications at this time. 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 tab, 10/325mg, take 1 every 4-6 hours as needed, #120 is not medically necessary.