

Case Number:	CM15-0106567		
Date Assigned:	06/10/2015	Date of Injury:	10/24/2006
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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 59 year old male who sustained an industrial injury on 10/24/06. The injured worker was diagnosed as having neck pain, thoracic pain, lumbar facet pain, clinically consistent lumbar radiculopathy and bilateral knee osteoarthritis. Currently, the injured worker was with complaints of pain in the bilateral knees, low back and neck. Previous treatments included left knee injections, lumbar epidural steroid injection, and lumbar radiofrequency ablation and medication management. Previous diagnostic studies included radiographic studies of the bilateral knees revealing mild bilateral osteoarthritis. The injured workers pain level was noted as 6/10. Physical examination was notable for antalgic gait noted, left knee joint line tender, spasms to the cervical paraspinal muscles, cervical facet and lumbar facet joints. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid 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 October, 2014 without objective documentation of functional improvement or significant decrease in pain. Pain levels have remained the same since treatment began. Additionally, there have been no urine drug screens to test for compliance or abuse. 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 10/325mg, #120 is not medically necessary.