

Case Number:	CM15-0160461		
Date Assigned:	08/26/2015	Date of Injury:	01/25/1985
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Family Practice

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 1-25-1985. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc disease, lumbar post laminectomy syndrome and left hip and knee pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-28-2015, the injured worker complains of left hip and knee pain rated 7 out of 10. Physical examination showed decreased sensation in the lumbar 4 dermatome. The treating physician is requesting Norco 10-325mg #113.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #113: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

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

Decision rationale: Per the MTUS guidelines, the long term use of opioids is not supported due to the development of habituation, tolerance and hormonal imbalance in men. The MTUS guidelines note that pain may be improved by weaning of opioids. As noted by the MTUS guidelines, "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids." (Ballantyne, 2006) (Ballantyne, 2003) The medical records note that weaning has been initiated and Utilization Review has modified this request to allow #90 for additional weaning purposes. The request for Norco 10/325mg #113 is not medically necessary and appropriate.