

Case Number:	CM15-0184172		
Date Assigned:	09/24/2015	Date of Injury:	05/08/2008
Decision Date:	11/02/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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 65 year old female, who sustained an industrial injury on May 8, 2008, incurring low back injuries. She was diagnosed with lumbar radiculopathy, thoracic neuritis and sacroiliitis. Treatment included pain medications, muscle relaxants, neuropathic medications, proton pump inhibitor, topical analgesic cream, antidepressants and activity restrictions. Currently, the injured worker complained of persistent low back pain and left hip pain with reduced lumbar range of motion, tenderness and muscle spasms. There was weakness noted in the right and left legs. She rated her pain with medications 5 out of 10 and without medications 9 out of 10 on a pain scale from 1 to 10. She complained of pain and weakness of her right hand interfering with her functional abilities and activities of daily living. Left hip Magnetic Resonance Imaging revealed degenerative arthritis with a labral tear. X ray of the sacrum and coccyx showed sacroiliac joint osteoarthritis and lumbar Magnetic Resonance Imaging revealed disc protrusions and facet joint arthrosis. The treatment plan that was requested for authorization on August 14, 2015, included a prescription for Norco 5-325mg #45 with one refill. On September 3, 2015, a request for a prescription Norco 5-325mg #45 was modified to certify a prescription for Norco 5-325mg #25 for weaning by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg table mg SIG; take 1/2 to 1 tablet twice a day as needed qty 45, refill; 1, (dos 8/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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 for an extended period without objective documentation of functional improvement. Additionally, there have been multiple inconsistent urine drug screens over the past year. 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 5/325mg table mg SIG; take 1/2 to 1 tablet twice a day as needed qty 45, refill; 1, (dos 8/14/15) is determined to not be medically necessary.