

Case Number:	CM15-0184994		
Date Assigned:	09/25/2015	Date of Injury:	05/09/2013
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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 55-year-old male with a date of injury on 05-09-2013. The injured worker is undergoing treatment for discogenic lumbar condition with facet inflammation and chronic pain syndrome. He has a comorbid diagnosis of diabetes. Physician progress notes dated from 02-25-2015 to 08-12-2015 documents the injured worker complains of ongoing low back pain that is unchanged. He has anxiety and depression secondary to chronic pain. He also has back spasm and stiffness. He has occasional shooting pain down his leg. He has tenderness across the lumbar paraspinal muscles as well as pain along the facets and pain with facet loading. A urine drug screen was done in July and it correlates to his medications. Current medications include Norco, Ultracet, Protonix, Effexor, trazodone and Naproxen. He previously tried Topamax and Gabapentin but had side effects, and they were discontinued. He is not working as of the 08-12-2015 physician note. Treatment to date has included diagnostic studies, medications, status post L4-5 laminectomy and discectomy in May of 2013, epidural steroid injections, trigger point injections, use of a Transcutaneous Electrical Nerve Stimulation unit, and compressive garment for the low back. The Request for Authorization dated 08-12-2015 includes Norco 10-325mg #60, Protonix 20mg #60, Effexor 75mg #60, Ultracet 37.5-325mg #60, Trazodone 50mg #60, and Naproxen 550mg #60, and a pain management was recommended for medication management and a possible injections. A psychiatry consultation is also recommended for anxiety and depression secondary to chronic pain. On 09-01-2015 Utilization Review non-certified the request for Norco tab 10/325mg (since at least 02-25-2015) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #60: 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 and other opioids for an extended period without continuous objective documentation of functional improvement or significant decrease in pain. 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 #60 is determined to not be medically necessary.