

Case Number:	CM15-0192797		
Date Assigned:	10/06/2015	Date of Injury:	03/20/2012
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/30/2015

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 57 year old female, who sustained an industrial injury on 3-20-12. The injured worker is being treated for lumbar facet syndrome, cervical disc disorder, lumbar disc disorder, knee pain, post cervical laminectomy syndrome, low back pain and hip bursitis. Treatment to date has included functional restoration program, cervical laminectomy, lumbar radiofrequency ablation, physical therapy, aqua therapy, home exercise program and pain management, oral medications including Norco 10-325mg since at least 2-26-15, Cymbalta 30mg, Gabapentin 100mg, Lorazepam 1mg and Tramadol 50mg; right hip bursa injection, lumbar facet joint medial branch blocks and activity modifications. On 9-3-15, the injured worker complains of low backache rated 5 out of 10 with medications and 8 out of 10 without medications along with poor sleep. The duration of pain relief is not documented and it is noted the injured worker states her medications are not effective. She is active 6 hours a day and her activity level has increased. She is currently working part time. Physical exam performed on 9-3-15 revealed restricted range of motion of lumbar spine with hypertonicity, spasm and trigger points of paravertebral muscles on palpation and tenderness to palpation of right knee over the pes anserine with positive patellar grind test. The treatment plan included refilling of Norco 10-325mg #60, Cymbalta 30mg #30 with 1 refill and Gabapentin 100mg #30 with 1 refill. On 9-11-15 request for Norco 10-325mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARC-Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

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. In this case, the injured worker has taken Norco since at least February 2015 and other opioid medications for an extended time period without documentation of significant pain relief or functional gains. 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 NARC-Norco 10/325 #60 is not medically necessary.