

Case Number:	CM15-0199524		
Date Assigned:	10/14/2015	Date of Injury:	02/09/2004
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/09/2015

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 61 year old female, who sustained an industrial-work injury on 2-9-04. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, cervical sprain and strain and left knee strain and sprain. Medical records dated (5-19-15 to 9-15-15) indicate that the injured worker complains of bilateral hands, bilateral lower extremities, cervical and lumbar pain. The pain radiates to the bilateral legs and shoulders. The pain is aggravated by activities and relieved with rest and medications. The injured worker reports that without the medications pain is rated 10 out of 10 on the pain scale, with medications the pain is rated 7 out of 10 on the pain scale. The pain level has been unchanged. She states that she gets 30-40 percent relief with current medications. The physical exam dated 9-15-15 reveals lumbar spasms with positive twitch response, positive straight leg raise on the right and left, decreased lumbar range of motion due to pain, and she ambulates with a cane. Treatment to date has included pain medication Lyrica, Zorvolex, Norco since at least 1-12-15, Gabapentin, Cymbalta, single epidural steroid injection (ESI) with greater than 40 percent relief, psyche care, Cognitive Behavioral Therapy (CBT), lumbar brace and other modalities. The work status is not noted. The treating physician indicates that the urine drug test result dated 3-19-15 was consistent with the medication prescribed. The request for authorization date was 9-17-15 and requested included Norco 5-325mg #120. The original Utilization review dated 9- 25-15 non-certified the request for Norco 5-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

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

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. In this case, the injured worker has used Norco for an extended period without continued documentation of objective functional improvement. Additionally, this medication has been approved for weaning purposes only in past reviews. 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 #120 is determined to not be medically necessary.