

Case Number:	CM15-0199526		
Date Assigned:	10/14/2015	Date of Injury:	04/06/1998
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
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 62 year old female who sustained an industrial injury on April 06, 1998. The worker is being treated for low back pain, insomnia, and left leg pain. Subjective complaints: low back pain with lower extremity pain left side greater; sleep difficulty; pain medication reduces pain by 30-50 % allowing her to perform ADLs; constipation secondary to medication. Narcotic medication noted only prescribed by primary treating. Objective assessment August 2015, July 2015, May 2015, April 2015, March 2015, February 2015, January 2015: positive straight leg raise at 80 degrees causing low back, posterior thigh and calf pain. Current medication regimen (January 2015 through August 2015): Norco 7.5mg 325mg. At primary follow up dated April 24, 2015 Norco noted increased and Menthoderm noted discontinued. Primary follow up dated march 23, 2015 Soma noted discontinued. Previous treatment to include: activity modification, exercise and stretching, medication, massage therapy, DME back brace, application of ice. On September 01, 2015 a request was made for Norco 7.5mg 325mg #90 with three refills that was modified by Utilization Review on September 14, 2015 noting Norco 7.5 mg 325mg #30 without refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg QTY: 90 with 3 Refills: Upheld

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

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 is followed-up monthly for continued efficacy of treatments. Although her current medication regimen is providing significant pain relief and stated functional benefit there is no stated rationale for the increased quantity of the medication. 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 7.5/325mg QTY: 90 with 3 refills is determined to not be medically necessary.