

Case Number:	CM15-0202502		
Date Assigned:	10/19/2015	Date of Injury:	10/17/1990
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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:

This injured worker is a 58 year old male who reported an industrial injury on 10-17-1990. His diagnoses, and or impressions, were noted to include: failed back surgery syndrome; lumbar degenerative disc disease and radiculopathy; myofascial spasm; intrathecal Dilaudid-short-acting opiates; mediation co-morbidities; and morbid obesity. No imaging studies were noted. His treatments were noted to include: an implanted intra-spinal infusion pump with aspiration and re- filling (3-18-15); home exercise and weight loss program; and medication management. The progress notes of 7-22-2015 reported: that she needed another epidural, that the previous one worked really well minimizing her pain by > 60% but did not last as long as a previous set of epidural injections; that he was stable on his intra-thecal Dilaudid; and that he was trying to rely more on his pump than on Norco which he as taking 2-3 x a day. The objective findings were noted to include: an antalgic gait with use of cane as needed; difficulty getting on-off the exam table; pain rated 7-8 out of 10; interval pain rated 7-10 out of 10; obesity; his pump pocket and catheter tracts were without signs of infection; that he was a bit stressed over a family situation; that he was trying to decrease, and use less of, his Norco on his own; that his injections worked best in a series of 2; shortness of breath; zero ability to sit, stand or walk for 1 minute, but with independent activities of daily living and driving; and that he was actively smoking the E-cigarette. The physicians request for treatments was noted to include continuing the Norco, wean as tolerated. The progress notes of 3-18-2015 noted Norco 10-325 mg #90. No Request for Authorization for Norco 10-325 mg, #75, to #30 for recommended weaning was noted in the medical records provided. The Utilization Review of 10-6-2015-2015 modified the request for Norco 10-325 mg, #75, to #30 for recommended weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: 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. In this case, there is not objective evidence of significant pain relief or functional improvement with prior use of Norco. 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 10/325mg #75 is determined to not be medically necessary.