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| Case Number: | CM15-0217446 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 02/22/2012 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 10/05/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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(n) 45 year old male, who sustained an industrial injury on 2-22-12. The injured worker was diagnosed as having C5-C6, C6-C7 disc bulge, L5-S1 disc bulge contributing to right posterior thigh pain and T10-T11 degenerative disc bulge. Subjective findings (5-12-15, 7-28-15) indicated 5-7 out of 10 pain in the neck, upper back, low back and right leg. Objective findings (5-12-15, 7-28-15) revealed lumbar flexion is 60-80 degrees and lateral bending is 15-30 degrees bilaterally. There is also tenderness to palpation over the midline from L5-S1. As of the PR2 dated 9-23-15, the injured worker reports pain in his mid-back and neck. He rates his mid-back pain 8 out of 10 and his neck pain 5 out of 10. The injured worker continues to do home exercises, which he learned at the SPARC program. Objective findings include lumbar flexion is 70 degrees and lateral bending is 20 degrees bilaterally. There is also tenderness to palpation over the midline and facets at T10-T11 and T11-T12. Current medications include Norflex, Protonix and Norco (since at least 4-7-15). Treatment to date has included a home exercise program, Anaprox and SPARC program. The Utilization Review dated 10-5-15, non-certified the request for Norco 5-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation.

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 been prescribed Norco in a sporadic manner since at least 04/17/15 without continued reports of objective quantifiable pain relief or functional improvement attributable to the sporadic use of Norco. There is no evidence that the injured worker is being monitored for efficacy, side effects, or aberrant behaviors. 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 #30 is determined to not be medically necessary.