

Case Number:	CM15-0030502		
Date Assigned:	02/24/2015	Date of Injury:	06/10/2005
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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 47-year-old male, who sustained an industrial injury on 06/10/2005. He has reported subsequent back pain and was diagnosed with status post L3-S1 lumbar fusion with failed back syndrome and intractable low back pain, bilateral lumbar radiculopathy and chronic intractable pain syndrome. Treatment to date has included oral pain medication, home exercise program and surgery. In a progress note dated 12/09/2014, the injured worker complained of severe recurrent low back pain that was rated as a 6-7/10. Objective physical examination findings were notable for moderate tenderness over the lumbar paraspinal muscles and the bilateral gluteus region, moderate to severe tenderness over the L1-L2 to L5-S1 and decreased range of motion in the lumbar spine with moderate to severe muscle spasm and guarding. A request for authorization of a Norco refill was made. On 02/03/2015, Utilization Review modified a request for Norco 10/325 mg from #120 to #90, noting that there was no documentation of CURES report monitoring and there was inconsistent urine drug testing. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

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. The medical reports indicate that the injured worker has daily intractable pain with current stable pain medication regimen utilizing Norco on average of one tablet every four to six hours. Norco is reportedly clearly alleviating the injured worker's intractable pain and allows him to participate with daily activities and exercise. Intensity of pain is rated up to 8-9/10 at its worst, and with medication is tolerable at 5-6/10. The medical records provided for review do not provide any evidence of functional improvement or ability to return to work with the use of opioid pain medications. There does not appear to be any assessment of aberrant drug behaviors or attempts to wean opioid pain medication use. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. 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.