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| Case Number: | CM15-0041532 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 08/02/2006 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 8/2/06. He reported initial complaints of back pain. Since that date, he has had lumbar spine surgery (2007) and multiple treatment modalities. Currently, per notes dated 12/8/14. The injured worker complains of right-sided lower back pain with radicular symptoms down the right leg and numbness to the top of the right foot including toes. The injured worker was diagnosed as having a lumbar sprain/strain; right-sided low back pain with radicular complains down right leg; chronic depression. Treatment to date has included transforaminal epidural steroid injections (11/19/12 and 3/4/13); MRI lumbar spine (7/9/12); physical therapy; chiropractic care; medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 (do not fill before 2/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there were previous requests for the provider to wean off of Norco due to taking more than recommended amounts, being diagnosed with depression, and having a history of alcohol abuse and marijuana use while using Norco. Also, upon review of the documentation provided, there was insufficient evidence to show clear and measurable functional gains directly related to the Norco use. Therefore, considering the above, the Norco will be considered medically unnecessary. Weaning may be indicated.

Norco 10/325mg #60 (do not fill before 3/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there were previous requests for the provider to wean off of Norco due to taking more than recommended amounts, being diagnosed with depression, and having a history of alcohol abuse and marijuana use while using Norco. Also, upon review of the documentation provided, there was insufficient evidence to show clear and measurable functional gains directly related to the Norco use. Therefore, considering the above, the Norco will be considered medically unnecessary. Weaning may be indicated. Requesting future prescriptions for Norco is unnecessary, particularly when this worker has used more than prescribed in the past.

Norco 10/325mg #60 (do not fill before 4/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there were previous requests for the provider to wean off of Norco due to taking more than recommended amounts, being diagnosed with depression, and having a history of alcohol abuse and marijuana use while using Norco. Also, upon review of the documentation provided, there was insufficient evidence to show clear and measurable functional gains directly related to the Norco use. Therefore, considering the above, the Norco will be considered medically unnecessary. Weaning may be indicated. Requesting future prescriptions for Norco is unnecessary, particularly when this worker has used more than prescribed in the past.