

Case Number:	CM15-0045370		
Date Assigned:	03/17/2015	Date of Injury:	01/10/2002
Decision Date:	04/17/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/10/2015

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 71-year-old male, who sustained an industrial injury on January 10, 2002. He has reported back pain, right leg pain, and right shoulder pain. Diagnoses have included lumbar/lumbosacral degenerative disc disease, chronic back pain, lumbar spine stenosis, adhesive capsulitis of the right shoulder, and right ankle strain/sprain. Treatment to date has included medications, spinal fusion, use of a cane, exercise, and imaging studies. A progress note dated February 19, 2015 indicates a chief complaint of worsening back pain and right leg spasms. The treating physician documented a plan of care that included meds and a magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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, the amount of opioid medication is relatively high (morphine dose equivalent of about 330 mg per day) which is much higher than recommended (120 mg or less per day). This is from the use of Duragesic combined with daily Norco use. There was also insufficient detail provided to show measurable functional gains directly related to the Norco use, independently, in order to help justify its continuation. Therefore, the Norco will be considered medically unnecessary. Weaning is recommended.