

Case Number:	CM15-0088604		
Date Assigned:	05/13/2015	Date of Injury:	08/29/2007
Decision Date:	06/16/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

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 42 year old female who sustained a work related injury August 29, 2007. According to a treating physician's clinical notes, dated March 31, 2015, the injured worker presented with chronic neck pain and occasional spasms. She wants to be weaned from her Dilaudid 4mg four times a day prescription. She also uses ibuprofen 200mg (3) tablets twice a day and occasionally three times a day. Objective findings are documented as reduced range of motion of the cervical spine. No spasms noted in the cervical paraspinal muscles. A neurological examination of the upper extremities is normal. Diagnoses are; other and unspecified disc disorder of cervical region; cervical disc disorder; chronic pain syndrome. Treatment plan included request for authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Upheld

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

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 injured worker has been prescribed Norco along with Dilaudid for an extended period. In an earlier progress report the treating physician states that the injured worker has a probable addiction to opioid medications. This request is for Norco so that the injured worker can wean off of the Dilaudid. 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. There is no evidence that the injured worker has stopped taking the Dilaudid. The request for Norco 10/325mg, #240 is not medically necessary.