

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0214530 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 08/17/2005 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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:

Injured worker is a male with date of injury 8/17/2005. Per pain medicine follow-up visit note dated 11/13/2014, the injured worker complains of low back pain and neck pain. There are no significant changes in his pain complaints. He continues with use of a straight cane to help with ambulation. He states that he does not want to go through the functional restoration program. He already does a home exercise program. He states that he has a lot of pain in the left knee that started suddenly about 6 weeks ago and he did not have any specific injury. He states that the pain starts in the back of the knee, so he feels like this is nerve pain from the low back. He states that it occurs when his radicular pain is increased and the pain will go from the back of the leg and through the knee to the front. On examination, he has normal muscle tone without atrophy in all four extremities. Diagnoses include 1) lumbar disc displacement without myelopathy. 2) unspecified major depression, recurrent episode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325mg days' supply: 30 quantity: 50 for purposes of initiating a taper for discontinuation over the course of the next 1-2 months.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications 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 requesting physician prescribed Norco 10/325 mg, take 1 tablet once or twice daily as needed, quantity 60. Utilization review modified this request to 50 to initiate a taper for discontinuation over the next 1-2 months. Utilization review provided the rationale of no documentation of clinical efficacy of Norco, absence of aberrancy, a pain contract, screening for misuse, and any recent attempts to reduce opioid requirements. Utilization review also comments that gabapentin dosing may be subtherapeutic. The medical reports do not indicate the degree of pain reduction or objective functional improvement with the use of Norco. 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. The claims administrator modified this request to allow for weaning of opioid pain medications.