

Case Number:	CM15-0014935		
Date Assigned:	02/03/2015	Date of Injury:	07/06/1999
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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 45 year old female, who sustained an industrial injury on 7/6/1999. On 1/26/15, the injured worker submitted an application for IMR for review of Norco 10/325MG, #90. The treating provider has reported the injured worker complained of neck and low back pain. The diagnoses have included Lumbar spondylosis, degenerative disc disease, lumbar radiculopathy, chronic pain syndrome, annular tear at L5-S1, facet arthropathy, Lumbar stenosis L4-L5. Treatment to date has included physical therapy, acupuncture, chiropractic therapy, transforaminal epidural steroid injections right L4-L5, spinal cord stimulator implanted (2/28/14). On 12/23/14 Utilization Review non-certified Norco 10/325MG, #90. The 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 10/325MG, #90: Upheld

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

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. This injured worker has been injured for over 15 years, and is being treated chronically with opioid pain medications. The medical reports indicate that Norco decreases her pain and increases function, however, there are no objective findings that indicate Norco is providing functional improvement. Aberrant drug behavior is not assessed or addressed, and attempts to wean or minimize the use of Norco are not discussed. 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 request for Norco 10/325MG, #90 is determined to not be medically necessary.