

Case Number:	CM15-0128107		
Date Assigned:	07/14/2015	Date of Injury:	04/16/2003
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/02/2015

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 59 year old female with an industrial injury dated 04/16/2003. Her diagnoses included thoracic or lumbosacral neuritis or radiculitis, cervicocranial syndrome and other chronic pain. Prior treatment included lumbar epidural injection and medications. She presents on 05/29/2015 with complaints of chronic back pain with radiculopathy. The radiculopathy is intermittent pain in the left leg, from the back. The documented assessment noted herniated disc at lumbar 5 through sacral 1 with right radiculopathy and spondylolisthesis (which was on MRI dated 03/24/2015). The pain goes down the right leg. The injured worker stated epidural given two years ago gave relief for several months. MRI of lumbar spine dated 03/24/2015 showed multifactorial central canal stenosis of lumbar 3 through lumbar 5 as above. There was a superimposed central protrusion at lumbar 3-4. The report is in the submitted records. Work status was temporary total disability. The treatment plan is for pain medication (Norco). The requested treatment is for Norco 10/325 mg #90.

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. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. 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 not medically necessary.