

Case Number:	CM15-0175799		
Date Assigned:	10/06/2015	Date of Injury:	04/06/1992
Decision Date:	11/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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 69 year old female, who sustained an industrial injury on 04-06-1992. She has reported injury to the neck, bilateral upper extremities, and low back. The diagnoses have included cervical disc displacement without myelopathy; pain in limb; osteoarthritis lower leg; and lumbar disc displacement without myelopathy. Treatment to date has included medications, diagnostics, cervical collar, TENS (transcutaneous electrical nerve stimulation) unit, massage therapy, cognitive behavioral therapy, and aquatic therapy. Medications have included Norco and Zoloft. A progress report from the treating physician, dated 08-03-2015, documented a follow-up visit with the injured worker. The injured worker reported chronic neck, low back, left hip, and bilateral upper extremity pain; she reports that Norco one-half tablet four times daily does help alleviate the pain and reduce pain by about 50%; she is trying to arrange acupuncture close to her home for the neck and upper extremity pain; she continues to follow another provider for psychological support and he recommends increasing the Sertaline for her depression; and she reports that her swallowing has become worse. Objective findings included she is not in acute distress; she is anxious; there is restricted range of motion of the left hip with pain on internal range of motion; left hip x-ray does indicate moderate to severe osteoarthritis and surgical consultation has been approved; gait is antalgic and she has a limp favoring the left leg; and she ambulated into the room without any assistance. The provider noted that "dose reduction or weaning is not appropriate since she does have multiple pain generators and the medication improves her general function". The treatment plan has included the request for Norco 10-325mg #60; and Norco 10-325mg #30. The original utilization review, dated 08-10- 2015, non-certified the request for Norco 10-325mg #60; and modified the request for Norco 10- 325mg #30, to Norco 10-325mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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. In this case, there has been a long term use of Norco without objective evidence of significant pain relief or functional improvement. Additionally, this medication was recommended for weaning only in a prior review. 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 #60 is determined to not be medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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. In this case, there has been a long-term use of Norco without objective evidence of significant pain relief or functional improvement. Additionally, this medication was recommended for weaning only in a prior review. 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 #30 is determined to not be medically necessary.