

Case Number:	CM14-0148814		
Date Assigned:	09/18/2014	Date of Injury:	01/02/1998
Decision Date:	07/27/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/12/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72 year old male with an industrial injury dated 01/02/1998. The injured worker's diagnoses include post lumbar laminectomy syndrome, lumbar radiculopathy, shoulder pain, spasm of muscle, elbow pain, spinal/lumbar degenerative disc disease, and neuralgia/neuritis . Treatment consisted of diagnostic studies, prescribed medications, cortisone injections, 3 series of Synvisc, and periodic follow up visits. In a progress note dated 07/23/2014, the injured worker reported back pain radiating from low back down bilateral legs. The injured worker also reported numbness in right anterior thigh, intermittent left leg pain, left lower backache, shoulder pain and right knee pain. The injured worker rated pain in the low back down right lower extremity 8-10/10 with medication. The injured worker rated right knee pain a 10/10 with medication and activity and left shoulder pain a 5/10 with medications. Objective findings revealed antalgic gait, restricted lumbar range of motion with pain, tenderness to palpitation of lumbar spine, hypertonicity, spasm, tight muscle band, tenderness in the acromioclavicular joint (AC) , tenderness in glenohumeral joint and tenderness in subdeltoid bursa. Treatment plan consisted of medication management. The treating physician prescribed Norco 10/325mg quantity #180 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Official Disability Guidelines (ODG), Workers Compensation Drug Formulary, www.odg.twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1998 and continues to be treated for shoulder, knee, and radiating back pain. Medications are referenced as decreasing shoulder pain from 10/10 to 5/10. When seen, there was decreased range of motion with pain. There was knee joint line tenderness and crepitus with range of motion with a moderate diffusion. There was muscle tenderness with spasms. Straight leg raising was positive. There was bilateral sacroiliac joint tenderness. There was decreased strength and sensation. Medications included OxyContin and Norco being prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is twice with that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.