

Case Number:	CM14-0188045		
Date Assigned:	11/18/2014	Date of Injury:	08/21/2010
Decision Date:	06/30/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/11/2014

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 48 year old male, who sustained an industrial injury on 8/21/2010. The medical records submitted for this review did not include the details regarding the initial injury or the prior treatments to date. Diagnoses include chronic pain syndrome, insomnia, myofascial pain and osteoarthritis, closed fracture of vertebra without spinal cord injury, radiculitis, and depressive disorder. Treatments currently documented included medication management and physical therapy. Currently, he complained of diffuse low back pain and right foot pain. Pain was reported to decrease to 4/10 VAS with medications and increased functional ability completing activities of daily life and further walking distances. Current medications included Naproxen 550 mg twice a day, Omeprazole DR 20mg once a day, Orphenadrine ER 100mg once a day, Venlafaxine KCL 75mg twice a day and Norco 10/325mg one tablet three times daily. On 10/9/14, the physical examination documented to be at musculoskeletal and neurological baseline. The plan of care included Norco 10/325mg #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 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 115, 78.

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

Decision rationale: The claimant sustained a work injury in August 2010 and continues to be treated for low back and right foot pain. Medications are referenced as decreasing pain and allowing for improved function. Medications prescribed include Norco at a total MED (morphine equivalent dose) of 30 mg per day. When seen, there was a mildly antalgic gait with decreased extremity range of motion. There was decreased lower extremity strength. Straight leg raising was positive. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.