

Case Number:	CM14-0200401		
Date Assigned:	12/10/2014	Date of Injury:	03/13/2012
Decision Date:	05/01/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 (IW) is a 45-year-old male who sustained an industrial injury on 03/13/2012. Diagnoses include herniated lumbar disc with left L5-S1 radiculopathy. Treatment to date has included medications, chiropractics and epidural steroid injections. Diagnostics performed to date included MRIs. According to the progress report dated 11/11/14, the IW reported his pain was still in the lower back with radiation down the left leg. He stated his pain was a 5/10 with medications and 9/10 without medications. A request was made for Norco and Medrol Dose Pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. When seen, there was no acute injury. Medrol had previously been helpful and it was prescribed again. Medications are providing decreased pain levels. Norco is being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. 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. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination and medications are providing pain relief. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Medrol Dose Pack #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Oral Corticosteroids: Back Chapter: Corticosteroids (oral/parenteral for low back pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. When seen, there was no acute injury. Medrol had previously been helpful and it was prescribed again. Medications are providing decreased pain levels. Norco is being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. Oral or intramuscular corticosteroids can be recommended in limited circumstances acute radicular pain. Their use is not recommended for or chronic pain. In this case there was no new injury and the claimant was being treatments for chronic low back pain. Therefore, Medrol was not medically necessary.