

Case Number:	CM14-0207935		
Date Assigned:	12/19/2014	Date of Injury:	08/21/2007
Decision Date:	02/17/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35 year old male foreman/operator who sustained an industrial injury on 8/21/2007. On the day of the injury, the patient sustained an injury to his lumbar spine while loading a drilling rig. He is diagnosed with chronic low back pain, lumbar degenerative disc disease, lumbosacral radiculitis, and pain related depression. Treatment to date has consisted of medications, injections and physical therapy. The patient was seen on October 15, 2014 at which time it is noted that the patient receives Norco 10/325 mg four times per day and Flexeril 10 mg b.i.d. on an as needed basis. At times he uses medical marijuana which tends to benefit his anxiety and spasms. The patient continues with chronic low back pain with radicular symptoms. He has had an allergic reaction to Cymbalta previously and has failed from Wellbutrin. He has had significant sensitivity to morphine. He reports 40% reduction in pain with Norco. Pain is 8/10 without medications and is 5/10 with medications. Physical examination reveals tenderness, negative straight leg raise, symmetrical deep tendon reflexes and 4+/5 motor testing with left long toe extension . The physician notes attempts have been made to taper Norco; however, it was not enough to cover to patient's pain adequately. The patient is currently working and his pain medications facilitate his ability to continue to do so. The patient has a signed pain contract and has not exhibited any aberrant behaviors regarding his medications. The physician notes that the current dosage is not excessive and he intends to continue with the current dosage of Norco.Utilization review was performed on November 11, 2014 at which time recommendation was made to modify the request for Norco 10/325 mg #120 to #72.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, opioids may be continued if the patient has returned to work and has improvement in pain and function. In this case, the patient is noted to be followed for chronic low back pain and the current medication regimen is allowing him to continue working. Improvement in pain levels are also noted with the medication regimen. There is no evidence of aberrant behavior and there is a signed opioid contract in place. In addition, the morphine equivalent dosage of 40 is below the ceiling of 120 recommended by the guidelines. The request for Norco 10/325mg #120 is medically necessary.