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| Case Number: | CM15-0100834 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 09/06/2000 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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: 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 46-year-old male who sustained an industrial injury on 9/6/00. The injured worker was diagnosed as having adjacent segment disease L3-4 and chronic pain syndrome. Currently, the injured worker was with complaints of lower back pain with radiation to the lower extremities. Previous treatments included medication management, exercise, and status post lumbar fusion and bilateral lumbar facet medial branch block. The injured workers pain level was noted as 7/10 without medication and 5/10 with medication. Physical examination was notable for decreased flexion and extension, tenderness to palpation bilateral paraspinals worse on the right with intact sensation in all lower limb dermatomes. The plan of care was for medication prescriptions and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #39: Overturned

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

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 has a remote history of a work injury occurring in September 2000 and continued to be treated for meeting low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10 with improved activities of daily living including household activities and improved sleep. When seen, his condition has not changed. Medications included Norco, and gabapentin, clonazepam, Cymbalta, and Abilify. There was lumbar spine tenderness with decreased range of motion. Lab testing in August 2013 was reviewed. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. 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 pain control and 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.

One med panel to include Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Anti-epilepsys (AEDs) for pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p54 NSAIDs, specific drug list & adverse effects, p68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 and continued to be treated for meeting low back pain. Medications are referenced as decreasing pain from 9/10 to 4/10 with improved activities of daily living including household activities and improved sleep. When seen, his condition has not changed. Medications included Norco, and gabapentin, clonazepam, Cymbalta, and Abilify. There was lumbar spine tenderness with decreased range of motion. Lab testing in August 2013 was reviewed. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 mg per day. Periodic lab monitoring of a CBC and chemistry profile can be recommended for patients taking non-steroidal anti-inflammatory medication (NSAID) on a long term basis. In this case, the claimant is not taking an NSAID. There are no clinical findings that would suggest any adverse effect from the other medications being prescribed or clinical findings that would suggest the need for other routine lab testing. Therefore, the requested lab testing is not medically necessary.

