

Case Number:	CM15-0101865		
Date Assigned:	06/04/2015	Date of Injury:	09/10/2013
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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 52 year old male who sustained an industrial injury on 9/10/13. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar spondylosis and lumbalgia. Currently, the injured worker was with complaints of back pain. Previous treatments included medial branch blocks, epidural steroid injection and medication management. The injured workers pain level was noted as 6/10. Physical examination was notable for tenderness to the lumbar paraspinals over the facet areas. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - 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 sustained a work injury in September 2013 and continued to be treated for low back pain. Treatments have included medial branch blocks with positive diagnostic response. When seen, Norco is referenced as having been beneficial. There was lumbar facet. Tenderness and positive facet loading. There was a normal neurological examination. Norco was refilled at a total MED (morphine equivalent dose) of 30 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. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain by measured pain levels, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.