

Case Number:	CM15-0104766		
Date Assigned:	06/09/2015	Date of Injury:	04/26/2011
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/01/2015

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 66 year old male, who sustained an industrial injury on 04/26/2011. He reported injuries after a motor vehicle accident while working as a bus driver. The injured worker is currently not working. The injured worker is currently diagnosed as having post lumbar laminectomy syndrome. Treatment and diagnostics to date has included cervical spine MRI which showed severe multilevel cervical spondylosis with congenital narrowing, electromyography/nerve conduction velocity studies to the bilateral lower extremities which showed lumbar radiculopathy, lumbar spine MRI which showed degenerative disc disease and spinal canal stenosis, cervical laminectomy, lumbar laminectomy, right carpal tunnel release, physical therapy, acupuncture, chiropractic treatment, epidural steroid injection, recent consistent and appropriate urine drug screen, and medications. In a progress note dated 05/19/2015, the injured worker presented with complaints of pain and rated it 7 out of 10 on the pain scale with medications and 10 out of 10 without medications. Objective findings include an antalgic gait, restricted lumbar spine range of motion, and lumbar tenderness. The treating physician reported requesting authorization for Norco.

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 120, take 1 every 6 hrs as needed for pain (max 4 daily): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*, 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in April 2011 as a result of a motor vehicle accident. He continues to be treated for low back pain. Medications are referenced as decreasing pain from as high as 10/10 to 2-7/10. When seen, his activity level had remained the same. Medications were working well. There was decreased and painful lumbar spine range of motion with paraspinal tenderness, increased muscle tone, and trigger points. There was an antalgic gait with use of a cane. Norco was being prescribed at a total MED (morphine equivalent dose) of 40 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. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.