

Case Number:	CM15-0105543		
Date Assigned:	06/09/2015	Date of Injury:	05/26/2004
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
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 53 year old female, who sustained an industrial injury on 05/26/2004. According to a progress report dated 05/06/2015, the injured worker was seen for ongoing evaluation of low back pain with radiating pain to her bilateral lower extremities, greater on the right. Norco continued to bring her pain from as high as 10 down to 5 on a scale of 1-10. Norco allowed her to be more functional. She was able to go from an interrupted 4 hours to 7 hours of more restful sleep at night. She was also able to continue her exercises. She walked 30 minutes 2 times a day. She also did a home exercise program with some stretches and stabilizing exercises that she learned in physical therapy. It was also previously noted that she helped take care of her family's goats, sheep, and their property as well. She denied any negative side effects. A signed pain contract was on file. A urine drug screen on 02/11/2015 was negative for her medications. She stated that she took it on a regular basis. She only took a small amount, half a tablet at a time. She was informed that if the screening ever comes up negative that she would have to go in for a pill count and random screen in the middle of the month. Her average pain was rated 5 and could get as high as 10. With medication it would come down to 5 at best. Norco lasted between 3 and 4 hours. Current medications included Norco 2.5/325mg. Diagnoses included discogenic pain, bilateral lower extremity pain, and right greater than left. MRI from July 2004 showed 2 levels of disk protrusion at L4-L5 and L5-S1. MRI of the lumbar spine 01/19/2010 showed disk desiccations at L4-L5 and L5-S1 and posterior annular tear at L4- L5 and small disk protrusion at L5-S1. Norco 5/325mg #30 was dispensed. A prescription for Norco 5/325mg #30 with "Do Not Fill until 06/05/2015" and a second with "Do Not Fill

until 07/05/2015" was given to her. Currently under review is the request for Norco 10/325mg #30 DND until 06/15/2015 and Norco 5/325mg #30 DND until 07/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 DND until 6/15/15: 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, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2004. She continued to be treated for radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 5/10 and allowing her to be more functional. Medications include Norco being taken two times per day. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. Tapering doses of Norco were prescribed. 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. Medications are providing pain control and improved function. The reported negative drug screening may reflect the dosing interval in this case and detection time of testing. Regardless, the total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco, whether on an ongoing basis or as a tapering dose, was medically necessary.

Norco 5/325mg #30 DND until 7/5/15: 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, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2004. She continued to be treated for radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 5/10 and allowing her to be more functional. Medications include Norco being taken two times per day. When seen, there was decreased lumbar spine range of motion with positive straight leg raising. Tapering doses of Norco were prescribed. 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. Medications are providing pain control and improved function. The reported negative drug screening may reflect the dosing interval in this case and detection time of testing. Regardless, the total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco, whether on an ongoing basis or as a tapering dose, was medically necessary.