

Case Number:	CM15-0105572		
Date Assigned:	06/09/2015	Date of Injury:	01/30/2012
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
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 42 year old female, who sustained an industrial injury on January 30, 2012. She reported neck pain, bilateral shoulder pain, arm pain, low back pain and bilateral leg pain after picking up a box of frozen chicken while working as a cook. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar herniated disc, neck and low back pain and bilateral shoulder and arm pain. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, multiple failed conservative therapies, medications and work restrictions. Currently, the injured worker complains of continued neck, bilateral shoulder, arm, low back and bilateral leg pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 8, 2014, revealed continued pain as noted. She reported continued depression, crying spells and great difficulty performing activities of daily living. She reported only eating to take medications. Evaluation on December 29, 2014, revealed continued pain as noted. It was noted conservative and surgical intervention of the lumbar spine were discussed. She noted wishing to proceed with surgical intervention. Norco was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting 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 January 2012. She underwent lumbar spine surgery in May 2013 and a second surgery in January 2015 where a lumbar fusion was performed. She continues to be treated for low back and leg pain. When seen, she was having increased symptoms. She was having difficulty with activities of daily living. There was decreased lumbar spine range of motion and pain over the lower lumbar spine. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 60 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 is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life and the claimant's condition is worsening. Therefore, the continued prescribing of Norco was not medically necessary.