

Case Number:	CM15-0107070		
Date Assigned:	06/11/2015	Date of Injury:	08/07/2004
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/03/2015

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 female who sustained an industrial injury on August 7, 2004. She has reported bilateral low back pain radiating into the left anterolateral thigh and has been diagnosed with left L5-S1 lumbar radiculopathy, central L5-S1 disc protrusion, labeled as the disc just above the transitional segment, positive lumbar discogram with a posterior annular disc fissure/tear that produced a concordant pain response in the low back in the disc above the transitional segment labeled as L5-S1, lumbar degenerative disc disease, and lumbar sprain/strain. Treatment included medications. Lumbar range of motion was restricted by pain by 50% in all directions. There was tenderness to palpation of the mid lumbar spine L4-S1 left gluteal area with decreased sensation at the posterolateral thigh. Lumbar discogenic provocative maneuvers were positive. Nerve root tension signs were positive on the left and negative on the right. The treatment request included Norco 10/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: 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, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2004 and continues to be treated for low back pain with left lower extremity radicular symptoms. Medications are referenced as decreasing pain by 60% and allowing for activities of daily living and activities such as grocery shopping, laundry, and providing care to her infant son. There was decreased lumbar spine range of motion with tenderness and decreased lower extremity sensation. There was positive left straight leg raising with decreased left lower extremity strength. Medications being prescribed include Norco 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 with improved activities of daily living, activity tolerance, and improved quality of life. 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.