

Case Number:	CM15-0108109		
Date Assigned:	06/15/2015	Date of Injury:	06/01/2001
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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 65-year-old female, who sustained an industrial injury on June 1, 2001. Treatment to date has included medications, physical therapy, diagnostic medial branch block, radiofrequency lesioning, intrathecal delivery system implantation, epidural steroid injections, and trigger point injections. Currently, the injured worker complains of low back, mid back and leg pain. She rates her low back pain a 7 on a 10-point scale and her mid back and leg pain an 8 on a 10-point scale. She reports that her pain decreases from a 10 on a 10-point scale to a 6 on a 10-point scale when using Norco. She uses four Norco tablets per day and this improved her function in terms of dishwashing by 30% and other light household activities. On physical examination the injured worker has tightness of the cervical spine and has myofascial restrictions of the lumbar spine. A straight leg raise test is positive bilaterally. The evaluating physician notes that the injured worker has had a flare of pain and that the injured worker has neuropathic pain. The diagnosis associated with the request is lumbar spine discogenic pain. The treatment plan includes continuation of Gralise, Norco, and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #56: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant has a history of a work injury occurring in June 2001. She continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 6/10 and with improved tolerance for household activities. Physical examination findings included lumbar myofascial restrictions and positive straight leg raising. Norco was being prescribed at a total MED (morphine equivalent dose) of less than 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 and improved activity tolerance. 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.