

Case Number:	CM15-0132081		
Date Assigned:	07/20/2015	Date of Injury:	04/01/2004
Decision Date:	09/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 55 year old male, who sustained an industrial injury on 4/1/2004. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar sprain/strain, lumbar degenerative disc disease, and lumbar disc displacement. Treatment to date has included medications, rest, physical therapy, epidural steroid injections, and low back surgery. His work status is noted as per primary treating physician. The request is for Norco. On 3/30/2015, he complained of low back pain rated 10/10 without medications and 4/10 with medications. On 4/28/2015, he complained of low back pain with radiation down both legs. He rated his pain level as 9/10 without medications and 4/10 with medications. He reports with medications being able to walk with his crutches further and go to the grocery. He states no changes since his last visit. The treatment plan included: Norco 10/325 mg two tablets three times per day as needed for breakthrough pain. On 6/1/2015, he complained of low back pain with radiation down both legs, and associated numbness and tingling of the legs. He reported that medications help make the pain better. He rated his pain as 10/10 without medications and 4/10 with medications. He is taking Gabapentin and Norco, and indicated he attains 80% pain relief with their use. He reported Gabapentin helps with the numbness and tingling while Norco helps with the pain. He indicated with their use he is able to walk more and go to the grocery. He indicated there to be no changes since his last visit. He is reported to be able to walk ¼ mile per day more than he had previously. Physical findings revealed spasms in the low back, negative straight leg raise testing bilaterally, and a decreased range of motion of the low back.

The treatment plan included: continuing Gabapentin and Norco 10/325 mg one tablet 4 times per day, back brace, signed narcotic agreement, urine drug screening, and a walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going, Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82; Opioid Dosing, Page 86 Page(s): 78-82, 86.

Decision rationale: The requested Norco 10/325mg #120 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents." The injured worker has low back pain with radiation down both legs, and associated numbness and tingling of the legs. He reported that medications help make the pain better. He rated his pain as 10/10 without medications and 4/10 with medications. He is taking Gabapentin and Norco, and indicated he attains 80% pain relief with their use. He reported Gabapentin helps with the numbness and tingling while Norco helps with the pain. He indicated that with their use he is able to walk more and go to the grocery. He indicated there to be no changes since his last visit. He is reported to be able to walk mile per day more than he had previously. Physical findings revealed spasms in the low back, negative straight leg raise testing bilaterally, and a decreased range of motion of the low back. The treating physician has documented improved ADL functionality with this low opiate load regimen. The criteria noted above having been met, Norco 10/325mg #120 is medically necessary.