

Case Number:	CM15-0132612		
Date Assigned:	07/20/2015	Date of Injury:	05/19/2005
Decision Date:	08/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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 60-year-old male, who sustained an industrial injury on 5/19/2005, after twisting and attempting to pit up a heavy piece of sheetrock. The injured worker was diagnosed as having lumbago, bulging lumbar disc, lumbar facet arthropathy, cervicalgia, and lumbar radiculitis. Treatment to date has included diagnostics, mental health treatment, and medications. Currently, the injured worker complains of low back pain, rated 8/10. It was documented that he was currently paying out of pocket for most of his pain medications. It was noted that he was on those medications for more than ten years. He stated that his pain level was normally 6-7/10 with medications and 9-10/10 without. Without medications, he stated he would be bedridden. Urine toxicology (1/2015) was inconsistent with prescribed medications, noting the presence of alcohol and THC. Current medications included Docusate, Methadone, Norco, and Diazepam. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The claimant has a remote history of a work injury occurring in May 2005 and continues to be treated for low back pain. Medications are referenced as increasing pain from 10/10 to 6-7/10. When seen, his BMI was over 27. There was a mildly antalgic gait with decreased lumbar spine range of motion. There was lumbar paraspinal and facet tenderness. Facet loading maneuvers were positive. Methadone and Norco were being prescribed at a total MED (morphine equivalent dose) of over 600 mg per day. Urine drug screening has been positive for alcohol and marijuana. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 5 times that recommended. Urine drug test results suggest a high risk for opioid medication misuse. Ongoing prescribing was not medically necessary.