

Case Number:	CM15-0133987		
Date Assigned:	07/22/2015	Date of Injury:	10/11/2006
Decision Date:	08/18/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/10/2015

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 40 year old female with an industrial injury dated 10/11/2006. The injured worker's diagnoses include left knee pain, chronic pain, disc herniation at L5-S1 with radiculopathy, left hip pain, left sacroiliac joint dysfunction, lumbosacral sprain and opioid dependence. Treatment consisted of diagnostic studies, urine drug screen (UDS) on 03/05/2015, prescribed medications, and periodic follow up visits. In a progress note dated 05/01/2015, the injured worker reported ongoing pain in her low back with radiation to the left hip, left leg and recent injury to left knee. The injured worker also reported numbness in the left leg. Objective findings revealed decrease lumbar range of motion and antalgic gait. UDS results were noted to be inconsistent with prescribed Norco. The treatment plan consisted of medication management. The treating physician prescribed services for Norco 10/325mg Quantity 75, every 4-6 hours as needed now under review.

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 75, every 4-6 hrs as needed: Upheld

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 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2006. She continues to be treated for back pain radiating into the left lower extremity. When seen, she had recently injured her left knee. She was having popping and grinding. Physical examination findings included an antalgic gait. There was decreased lumbar spine range of motion. Urine drug screening test results were reviewed and had been inconsistent with an absence of Norco. However, this was explained as the claimant had not been taking the medication for a few days prior to the testing. 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. Continued prescribing is not medically necessary.