

Case Number:	CM15-0135638		
Date Assigned:	07/23/2015	Date of Injury:	02/17/2003
Decision Date:	08/20/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/14/2015

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 58 year old female, who sustained an industrial injury on 02/17/2003. She has reported injury to the low back. The diagnoses have included post laminectomy syndrome with history of lumbar discectomies in 2002 and 2003; left partial foot drop due to lumbar radiculopathy; chronic central left side low back pain, bilateral leg symptoms; and depression. Treatment to date has included medications, diagnostics, bracing, acupuncture, physical therapy, home exercise program, and surgical intervention. Medications have included Tramadol, Celebrex, MS Contin, Zanaflex, Norco, Neurontin, Duragesic patch, Biofreeze gel, Senokot-S, Lunesta, Cymbalta, and Prilosec. A progress report from the treating physician, dated 05/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic low back pain and left leg and foot pain; she had a transverse colon hernia repair surgery on 05/15/2015; she has been managing the low back pain with her medications and they allow her to function; the Duragesic and Norco still bring her pain levels down significantly from 8/10 down to a 3/10; and she is able to walk and move around for about 30 minutes to an hour longer with the medications. Objective findings included she is wearing the spiral AFO (ankle foot orthosis) brace; she is managing well; she still has pain over the lumbar paraspinal musculature; and she has pain with flexion and extension due to her recent unrelated hernia surgery. The treatment plan has included the request for Norco 10/325 mg quantity 240.

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 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; 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 February 2003 and continues to be treated for low back and left lower extremity pain. Medications are referenced as decreasing pain from 8/10 to 3/10 with improved standing and walking tolerances. When seen, she had recently undergone hernia surgery. Physical examination findings included lumbar paraspinal muscle pain and pain with flexion and extension. She was continuing to wear a brace and ankle foot orthosis. Duragesic and Norco were prescribed at a total (MED) of 140 mg per day. 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 that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.