

Case Number:	CM15-0136534		
Date Assigned:	09/08/2015	Date of Injury:	12/02/1974
Decision Date:	10/07/2015	UR Denial Date:	07/07/2015
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:

This is a 76-year-old male who sustained an industrial injury on 12-02-1974. Diagnoses include lumbar degenerative disc disease and chronic back pain. Treatment to date has included medication, physical therapy (PT) and epidural steroid injections. PT was not helpful. According to the progress notes dated 3-2-2015, the IW (injured worker) reported lower back pain rated 8 out of 10 and poor sleep quality. On examination, his gait was slowed. Range of motion of the lumbar spine was reduced in all planes and limited by pain in flexion and extension. Seated straight leg raise was positive on the right side at 30 degrees. Ankle jerk was 2 out of 4 and patellar jerk was 1 out 4, bilaterally. Motor strength was slightly weaker on the right compared to the left. Sensation was patchy in distribution. Lumbar ESI on 10-22-2014 provided only 30% pain relief for a few days. Norco was reportedly working well with no side effects and the IW was in compliance with his pain contract. A request was made for retrospective review of Norco 10-325mg, #180 for date of service 6-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg #180 with a dos of 6/29/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86
Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work injury more than 40 years ago in December 1974 and continues to be treated for chronic back pain. Medications are referenced as decreasing pain from 7/10 to 3/10 and allowing him to independently perform activities of daily living and with an improved quality of life. When seen, authorization for a lumbar decompression had been approved. Recent treatments had included an epidural injection and physical therapy. Physical examination findings included a BMI of nearly 32. There was decreased and painful lumbar spine range of motion with positive right straight leg raising. There was decreased right lower extremity strength and decreased lower extremity sensation. Authorization for Norco at a total daily MED (morphine equivalent dose) of up to 60 mg per day is being requested. Urine drug screening in June 205 was consistent with the prescribed medications. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. 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 decreased pain with improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.