

Case Number:	CM15-0138743		
Date Assigned:	07/28/2015	Date of Injury:	10/12/2011
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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 42-year-old male who sustained an industrial injury on October 12, 2011. Mechanism of injury was not documented. He has reported back pain and has been diagnosed with displacement lumbar disc without myelopathy. Treatment has included medications and injections. There was mild improvement with trigger point injections. There was still myofascial tenderness noted in the lumbar spine. Pain was rated a 9 out of 10. Pain referred to buttocks on affected side, pain refers bilaterally to hips, lower back bilaterally, and posterior leg. Pain was relieved by NSAIDS and trigger point injections. The treatment plan included trigger point injections x 3 to the lumbar spine, medications, and spine surgery. The treatment request included Norco and Hysingla.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: 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, 86.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for chronic low back pain radiating into the lower extremities. In May 2015, Norco was discontinued and Hysingla was prescribed. When seen, he was having low back pain and stiffness with symptoms radiating into the buttocks, hips, and posterior legs. He was having severe pain rated at 9/10. Physical examination findings included lumbar tenderness with significantly decreased range of motion. There was decreased sensation and he was having difficulty walking. Norco was prescribed. The total MED (morphine equivalent dose) was increased from 30 to 70 mg per day. 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. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

Hysingla 30mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hysingla (Hydrocodone).

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

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for chronic low back pain radiating into the lower extremities. In May 2015 Norco was discontinued and Hysingla was prescribed. When seen, he was having low back pain and stiffness with symptoms radiating into the buttocks, hips, and posterior legs. He was having severe pain rated at 9/10. Physical examination findings included lumbar tenderness with significantly decreased range of motion. There was decreased sensation and he was having difficulty walking. Norco was prescribed. The total MED (morphine equivalent dose) was increased from 30 to 70 mg per day. 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. Hysingla is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.