

Case Number:	CM15-0139069		
Date Assigned:	07/29/2015	Date of Injury:	09/26/2001
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
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 was a 66-year-old male, who sustained an industrial injury, September 26, 2001. The injured worker previously received the following treatments Norco. The injured worker was diagnosed with thoracic disc displacement without myelopathy, lumbar neuritis and radiculitis. According to progress note of June 23, 2015, the injured worker's chief complaint was the pain was constant and staying at 4 out of 10. The pain was caused by swelling. The pain was rated at 2 out of 10 with medications. The physical exam noted unchanged tenderness with limited range of motility. The treatment plan included a prescription refill for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work-related injury in September 2001 and is being treated for chronic low back pain. Medications are referenced as decreasing pain from 4/10 to 2/10. When seen, there was lumbar tenderness with limited mobility. Prior assessments reference cervical and thoracic tenderness with positive straight leg raising. 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 50% decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.