

Case Number:	CM15-0140170		
Date Assigned:	07/30/2015	Date of Injury:	06/03/2011
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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 male, who sustained an industrial injury on 6-3-11. He reported pain in his lower back after loading tools into his truck. The injured worker was diagnosed as having lumbago and sciatica. Treatment to date has included a TENs unit, aqua therapy x 6 session with 20% improvement, a lumbar epidural injection on 3-2015 with greater than 70% relief, IM injections for chronic pain and psychiatric treatments. Current medications include Ranitidine, Docusate, Cymbalta, Lidoderm patch, Tizanidine, Aspirin and Norco since at least 11-25-14. On 3-18-15, the treating physician noted lumbar flexion 15 degrees, extension 20 degrees and a positive straight leg raise test. The injured worker rated his pain a 7 out of 10. As of the PR2 dated 6-10-15, the injured worker reports low back and right lower extremity pain. The treating physician noted that the physical examination was unchanged from the previous visit. The treating physician requested Norco 10-325mg #150.

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 150: 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.

Decision rationale: The claimant sustained a work-related injury in June 2011 and is being treated for low back and right lower extremity pain. When seen, there had been a greater than 70% improvement after an epidural steroid injection, but his pain was gradually returning. He was using TENS and there had been partial improvement with aquatic therapy. Physical examination findings included a BMI of 27. Physical examination findings were unchanged from previous examinations which document decreased and painful lumbar range of motion with positive facet loading and straight leg raising and decreased lower extremity sensation. Medications include Norco being prescribed at a total MED (morphine equivalent dose) of up to 50 mg per day. 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 was not medically necessary.