

Case Number:	CM15-0141511		
Date Assigned:	07/31/2015	Date of Injury:	08/21/2013
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/21/2015

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 55 year old male with an industrial injury dated 08-21-2013. The injured worker's diagnoses include lumbar spine degenerative disc disease, multilevel with stenosis. Treatment consisted of lumbar MRI, X-ray, prescribed medications, epidural steroid injections and periodic follow up visits. In a progress note dated 06-10-2015, the injured worker reported persistent low back pain with radiating left leg pain into the top of the left foot and all toes, with associated numbness and tingling. The injured worker also reported difficulty sleeping due to low back pain. Objective findings revealed tenderness to palpitation over the left lumbosacral at L5-S1, left dorsal lateral foot and left posterior lateral calf. Treatment plan consisted of medication management and home exercise program. The treating physician prescribed Norco 7.5mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #60: Upheld

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 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in August 2013 and is being treated for radiating low back pain. When seen scratch that he was seen by the requesting provider on 06/10/15. He was having constant radiating pain. He was having difficulty sleeping. Physical examination findings included a BMI of over 28. There was lumbar and left lower extremity tenderness without muscle spasms. Fabere testing was positive bilaterally. There was decreased left lower extremity sensation. Imaging results were reviewed showing findings of multilevel stenosis. Medications including Norco and Soma were refilled. 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.