

Case Number:	CM15-0143465		
Date Assigned:	08/04/2015	Date of Injury:	06/04/2008
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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 46 year old male with an industrial injury dated 06-04-2008. The injury is documented as occurring when he slipped off a ladder and fell. His diagnoses included shoulder pain, cervical pain, low back pain, spasm of muscle and thoracic pain. Prior treatment included acupuncture, physical therapy, lumbar disc surgery, diagnostics and medications. He presents on 06-18-2015 with complaints of neck pain and back pain radiating from low back down right leg. He rates his pain with medications as 6 out of 10. Pain without medications is 8 out 10. His activity level had decreased. He reported he was unable to fill his medication and had been three weeks without any medications. Physical exam noted restricted range of motion of the cervical spine with positive cervical facet loading pain. Lumbar range of motion was restricted with pain and facet loading was positive on both sides. His medications were Lyrica and Norco. The treatment request was for Norco 10/325 mg # 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in June 2008 and continues to be treated for neck and radiating back pain. Medications are referenced as decreasing pain from 8/10 to 6/10. When seen, he had been unable to obtain medications and was having increased pain. He had a decreased activity level. Physical examination findings included decreased cervical and lumbar spine range of motion with positive cervical and lumbar facet loading. His BMI was over 31. Norco and Lyrica were prescribed. 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 and there was decreased activity when medications were not available. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.