MAXIMUS Federal Services

Case Number:	CM15-0143510		
Date Assigned:	08/04/2015	Date of Injury:	06/16/1999
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
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 58-year-old male, who sustained an industrial injury on 6-16-1999. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, lumbar spinal stenosis, lumbar degenerative disc disease, and lumbar spondylosis without myelopathy. Treatment to date has included diagnostics, acupuncture, physical therapy, massage therapy, lumbar spine nerve block, and medications. Currently, the injured worker complains of low back pain with radiation to the bilateral buttocks, and radiating numbness down the bilateral lower extremities. Pain was rated 5 out of 10 and symptoms were unchanged since his last visit. Medications included Tylenol #3, with 30% pain relief for 2-3 hours, and Cymbalta, with approximately 40% relief. He denied side effects, except a little "grogginess" from the Cymbalta. He reported relief, but not enough, from his medications. It was documented that he tried Norco in the past with relief. Urine toxicology (12-18-2014) was documented as consistent. The treatment plan included medication refills and authorization for Norco. A previous progress report (12-18-2014) noted the use of Norco, with current pain rating of 7 out of 10. Urine toxicology submitted for 12-18-2014 was negative for Hydrocodone.

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 90 with no refills: 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 has a remote history of a work injury occurring in June 1999 and continues to be treated for radiating back pain. When seen, pain was rated at 5/10. Medications included Tylenol #3 being taken three times per day with 30% pain relief and Cymbalta with 40% pain relief. The claimant indicated that the amount of pain relief was not enough. Physical examination findings included lumbar spine tenderness and decreased and painful range of motion. Straight leg raising was negative. Tylenol #3 was continued and Norco was requested. The total MED (morphine equivalent dose) was less than 45. 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 pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was appropriate and medically necessary.