

Case Number:	CM15-0149611		
Date Assigned:	08/12/2015	Date of Injury:	07/18/2005
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/03/2015

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 who sustained an industrial injury on 07/18/2005. The injured worker was diagnosed with lumbar disc protrusion, lumbar radiculopathy and lumbar spinal stenosis. No surgical interventions were documented. Treatment to date has included diagnostic testing with recent lumbar magnetic resonance imaging (MRI) in February 2015, conservative measures, lumbar epidural steroid injections, facet joint injections, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 29, 2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities associated with numbness and tingling. The injured worker rates his pain level at 8-9 out of 10 on the pain scale. Examination of the lumbar spine demonstrated tenderness and spasm along the paravertebral muscles bilaterally. Flexion was documented at 25 degrees, extension at 10 degrees and bilateral lateral flexion at 10 degrees each. There was decreased sensation to light touch along the L5-S1 nerve root distribution bilaterally. Straight leg raise was positive bilaterally. The injured worker ambulated with an analgesic gait. Current medications were listed as Norco and Cyclobenzaprine. Treatment plan consists of an orthopedic referral, continuing with home exercise program and the current request for Norco 10mg-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for radiating low back pain with lower extremity numbness and tingling. Medications are referenced as decreasing pain from 9/10 to 4-5/10. When seen, there was decreased lumbar spine range of motion with muscle spasms and tenderness. Straight leg raising on the right side was positive. There was decreased lower extremity sensation. Norco was prescribed at a total MED (morphine equivalent dose) of 30 mg per day. 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. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.