

Case Number:	CM15-0161548		
Date Assigned:	08/27/2015	Date of Injury:	01/07/2003
Decision Date:	09/30/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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 47 year old female, who sustained an industrial injury on January 7, 2003. She reported an injury to her low back and was diagnosed with degenerative disc disease of L4-L5 and L5-S1 and disc protrusion of L4-L5. Treatment to date has included opioid medications, lumbar decompressive laminectomy, anti-depressants, home exercise program, and work restrictions. Currently, the injured worker complains of chronic low back pain with radiation of pain to the bilateral lower extremities. On physical examination the injured worker has limited lumbar range of motion. The diagnoses associated with the request include post laminectomy syndrome of the lumbar spine. The treatment plan includes continued methadone and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 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, 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 January 2003 and continues to be treated for chronic low back pain radiating into the lower extremities. Diagnoses include post laminectomy syndrome. When seen, there was limited motion of the back. Methadone and Norco were being prescribed at a total MED (morphine equivalent dose) of over 500 mg per day. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is four times that recommended. There is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing of Norco was not medically necessary.