

Case Number:	CM15-0164719		
Date Assigned:	09/02/2015	Date of Injury:	07/13/2007
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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 46 year old female who sustained an industrial-work injury on 7-13-07. She reported an initial complaint of back pain. The injured worker was diagnosed as having degenerative disc disease, left sciatica; status post left knee hyperextension with debridement of a plica, early chondromalacia of the medial and lateral femoral condyles and medial patellar facet. Treatment to date includes medication, ESI (epidural steroid injection), and diagnostics. MRI results were reported on 6-15-15. X-ray results were reported on 6-15-15 and 6-25-15. Currently, the injured worker complained of low back pain that radiates into the buttock and left posterior thigh, to left calf and left foot. Per the primary physician's report (PR-2) on 7-21-15, exam notes restricted range of motion in all planes due to pain with tenderness along the lumbar, positive straight leg raise, Lasegue's and sitting root signs along with strength 4+ out of 5 in the left extensor hallucis longus and gastroc-soleus. There was mild positive left foot drop with antalgic gait. The requested treatments include Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2007. She continues to be treated for radiating low back pain. Norco is referenced as decreasing pain by 65% with improved activities of daily living and allowing her to work full-time. When seen, there was decreased and painful lumbar spine and knee range of motion. There was paraspinal muscle tenderness and sacroiliac joint testing was positive. Left straight leg raising was positive. There was decreased left lower extremity strength and decreased left lower extremity reflexes. There was an antalgic gait. Norco was refilled at a total MED (morphine equivalent dose) of 50 mg per day. 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 with improved activities of daily living and the claimant is working. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.