

Case Number:	CM15-0165470		
Date Assigned:	09/03/2015	Date of Injury:	01/22/2014
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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 51 year old male, who sustained an industrial injury on January 22, 2014, incurring low back and right knee injuries. He was diagnosed with lumbar degenerative disc disease, lumbago, lumbosacral radiculitis, chondromalacia and internal derangement of the right knee. Treatment included rest; activity modification, heat and cold therapy, home exercise program, topical analgesic creams, and neuropathic medications, pain medications since August, 14, 2014 with some relief, anti-inflammatory drugs, and epidural steroid injection. On August, 19, 2014, the injured worker underwent knee surgery which reduced radicular pain by 95% to where he was able to function and perform some activities of daily living. Currently, the injured worker complained of persistent low back pain with numbness and tingling. He had difficulty with sleep and woke up frequently secondary to ongoing pain. The injured worker was not a candidate for spinal surgery. He noted the pain was aggravated with repetitive bending, stooping, kneeling, twisting and carrying heavy objects. He reported decreased loss of strength and muscle mass along with a ten pound weight gain. He complained the constant pain interfered with some activities of daily living. The treatment plan that was requested for authorization on July 22, 2015, included a prescription for Norco.

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 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for low back pain with lower extremity numbness and tingling. When seen, there had been no improvement after an epidural injection in March 2015. Physical examination findings included lumbar midline and paraspinal tenderness. There was decreased right lower extremity strength and sensation with positive straight leg raising. There was decreased lumbar spine range of motion with muscle spasms and positive axial loading. Medications were refilled including Norco which was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.