

Case Number:	CM15-0167190		
Date Assigned:	09/04/2015	Date of Injury:	09/17/2004
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This injured worker is a 37 year old male who reported an industrial injury on 9-17-2004. His diagnoses, and or impression, were noted to include: lumbar disc protrusion with chronic left sacral radicular pain. No current imaging studies were noted. His treatments were noted to include: consultations; a home exercise program; medication management with toxicology studies; and a return to full work duties. The progress notes of 4-20-2015 reported continued complaints of increased back pain, with radiating left leg pain and left foot numbness, that was severe without his opiates, but for which the opiates afforded him the ability to work full time. Also noted was mention of specific prescriptions for Norco, in the same month, with the same strength but with different ordered quantities, and from 2 different physicians; resulting in the prescription of the largest quantity not being filled, leaving him with only 4 Norco. Objective findings were noted to include limited lumbar flexion, which caused pain in the hamstring, and flexion causing back pain. The physician's requests for treatments were noted to include the continuation of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #270 One to Two Every 4-6 hours Not to exceed 9/day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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 September 2004 and continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 9/10 to 3/10 and allowing him to continue working. In April 2015, he had received Norco from another provider for right knee problems. His standing Norco prescription had not been refilled due to the duplicate prescribing. Urine drug screening was negative. Norco was prescribed and subsequent urine drug screening in May 2015 was consistent with the prescribed medication. When seen, there was decreased and painful lumbar spine range of motion. There was back pain with right straight leg raising and back and left leg pain with left straight leg raising. Norco was continued at a total MED (morphine equivalent dose) of 90 mg per day. He was continued at regular work. 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 and the claimant continues to work without restrictions. Urine drug screening results are explained by the claimant's history and have been addressed. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.