

Case Number:	CM15-0168452		
Date Assigned:	09/04/2015	Date of Injury:	05/11/2005
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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 May 11, 2005. The initial injury and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included acupuncture, LSO brace, cane, medications and home exercise program. Currently, the injured worker complains of moderate to severe, frequent to constant, low back pain described as dull, sharp and numb and is rated at 7-8 on 10. A progress note dated May 5, 2015, which includes the current diagnosis is difficult to decipher. His work status is modified duty, permanent and stationary. A progress note dated May 5, 2015 states the injured worker experiences a reduction in pain from 7-8 on 10 to 3-4 on 10 that lasts for three to four hours with his medication regimen. The note also states the injured worker is able to engage in activities of daily living and experience improved function from his medication regimen. The therapeutic response to acupuncture, LSO brace and home exercise is not included in the documentation. The medication Norco 10-325 mg #120 is requested to provide pain relief to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 May 2005 and continues to be treated for low back pain with numbness. Medications are referenced as decreasing pain from 7-8/10 to 3-4/10 with improved activities of daily living and enabling performance of a home exercise program. When seen, physical examination findings were decreased lumbar spine range of motion with paravertebral muscle and lumbosacral junction tenderness. There was sciatic notch tenderness. Lumbar muscle spasms were present. Straight leg raising was positive. There was decreased lower extremity sensation. Medications were refilled including Norco at a total MED (morphine equivalent dose) of 40 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. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.