

Case Number:	CM15-0168925		
Date Assigned:	09/09/2015	Date of Injury:	03/22/2000
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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 70 year old male, who sustained an industrial-work injury on 3-22-00. He reported initial complaints of neck and low back pain. The injured worker was diagnosed as having lumbar foraminal spinal stenosis, post laminectomy, lumbar kyphosis, cervical spondylitic stenosis, and lumbar myofascial pain syndrome. Treatment to date has included medication, lifestyle changes, and lumbosacral brace (LSO). Currently, the injured worker complains of chronic neck and low back pain that extends to the extremities. Current medication included Norco, Lexapro, Prilosec, and Xanax. The medication was able to reduce the pain level from 8 out of 20 to 4 out of 10 and increase function. Medication was reported to be used for a long period of time. Per the secondary physician's progress report (PR-2) on 7-23-15, exam revealed palpable trigger point activity with a jump response in the left paracervicals, trapezium, and the lumbar spine musculature, reproduction of localized pain during a cervical compression test, suboccipital headaches upon palpation of the suboccipital muscles, and limited range of motion due to pain in the lumbar spine. Current plan of care includes continuation of medication. The Request for Authorization date was 7-23-15 and requested service included Norco 10-325 mg #150. The Utilization Review on 8-4-15 modified the request for Norco 10-325 mg #112 to allow for weaning.

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 Medical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury in March 2000 and is being treated for chronic neck and low back pain with a history of a lumbar fusion and spinal stenosis. Medications are referenced as decreasing pain from 8/10 to 4/10 with improved activities of daily living and socialization due to less depression. When seen, there were cervical trigger points with axial pain on compression testing. There was suboccipital tenderness. There were lumbar trigger points with painful and stiff range of motion. Norco was refilled at a total MED (morphine equivalent dose) up to 50 mg per day. Urine drug screening has been consistent with the prescribed medications. 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 function and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.