

Case Number:	CM15-0182800		
Date Assigned:	09/23/2015	Date of Injury:	04/01/2011
Decision Date:	10/28/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/17/2015

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 42 year old male who sustained an industrial injury on 04/01/2011. Medical records indicated the worker was treated for degenerative disc disease. In the provider notes of 08-19-2015, the injured worker complains of mild intermittent pain in the back and left leg described as 20% back pain and 80% leg pain. The worker states that since his last visit he has less pain and his symptoms are "better". Treatment to date has included a bilateral L5-S1 transforaminal epidural injection (date not given). Notes indicate "This (the epidural) has relieved his back pain. He feels good." On the 08-19-2015 exam, the worker has a normal gait, and according to provider notes "his exam is pretty normal today". The work status is entered as temporarily totally disabled, but recommendations are to continue to work with no restrictions. A request for authorization was submitted for a refill of Norco 10/325mg #120. There are no indications in the 08-19-2015 provider note of the worker's response to medication. A utilization review decision 08-28-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2011 and is being treated for low back pain with left lower extremity radiating symptoms. When seen, he was having mild pain. There had been relief of back pain after bilateral L5/S1 transforaminal epidural injections. He had a complaint of left hip pain. Physical examination findings included a normal gait. There were no abnormal physical examination findings recorded. There was a diagnosis of degenerative disc disease. Norco was refilled. The total MED (morphine equivalent dose) was 40 mg per day. He was released to continued work without restrictions. 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.