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| Case Number: | CM15-0182922 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 04/05/2011 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 08/25/2015 |
| 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 53 year old male who sustained an industrial injury on 04-05-2011 as a maintenance worker. The injured worker was diagnosed with cervical spondylosis, cervical radiculopathy and fibromyalgia-myositis, lumbosacral radiculopathy and failed lumbar back syndrome. The injured worker is status post lumbar laminectomy and discectomy in 2011 and C4 through C6 cervical spine surgery in January 27, 2015. According to the treating physician's progress report on August 14, 2015, the injured worker continues to experience neck pain and returns for interval re-evaluation and medications refills. The injured worker rated his pain level at 9 out of 10 on the pain scale. Examination demonstrated tenderness of the cervical spine with pain on flexion, extension and bilateral lateral rotation. The lumbar spine was documented with pain to palpation of the lumbar facets bilaterally at L3-S1 and over the lumbar intervertebral disc spaces. Positive trigger points were noted in the lumbar paraspinal muscles with decreased and painful range of motion in all planes. Gait appeared to be within normal limits. Bilateral sacroiliac joints were negative for pain. Motor strength was grossly normal but grossly reduced in all major muscle groups of the lower extremities to 4 plus out of 5 secondary to what appeared to be a pain response. Sensation was intact in the upper and lower extremities. Deep tendon reflexes were intact except at the bilateral ankles which were noted at 1 out of 4. Prior treatments included diagnostic testing with cervical spine magnetic resonance imaging (MRI) in November 2014, surgery, lumbar and cervical spine epidural steroid injection, pain management, lumbar physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, acupuncture therapy, cervical spine physical therapy (12 sessions completed in April 2015), bone growth stimulator

for the cervical spine, hard and soft cervical collar and medications. Current medication was listed as Hydrocodone. Treatment plan consists of continuing with cervical physical therapy, hard, soft collar, bone growth stimulator as instructed, and on August 17, 2015 the provider requested authorization for Norco 10mg-325mg #120. On 08-25-2015, the Utilization Review modified the request for Norco 10mg-325mg #120 to Norco 10mg-325mg #96.

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 Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in April 2011 occurring when, while pushing a trailer hitch under a trailer, he had severe low back pain. He had a lumbar decompression in 2011 and underwent a multilevel anterior cervical decompression in January 2015. When seen, the claimant reported that taking Norco decreased pain from 9-10/10 to 5-6/10 with improved sitting, standing, and walking tolerances and improved sleep. When seen, pain was rated at 9/10. Physical examination findings included pain with cervical and lumbar spine range of motion. There was bilateral lumbar facet tenderness and there were lumbosacral paraspinal trigger points. There was decreased lower extremity strength. His body mass index was 27. Medications were refilled including Norco at a total MED (morphine equivalent dose) of 40 mg per day. 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 improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.