

Case Number:	CM15-0184752		
Date Assigned:	09/25/2015	Date of Injury:	07/17/1997
Decision Date:	10/30/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/21/2015

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 female, who sustained an industrial injury on 7-17-1997. The injured worker is being treated for lumbosacral strain with radiculopathy, and hip and thigh pain. Treatment to date has included medications. Per the only medical record submitted, the Primary Treating Physician's Progress Report dated 8-25-2015, the injured worker reported low back pain, good and bad days. Medications include Ultram, Glucosamine, Fexmid and Xodol. Objective findings included lumbar spine asymmetric range of motion, persistent weakness of EHL and diminished ankle jerk. Narcotic usage is being closely monitored and trying to taper. Per the medical records submitted, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the doctor do not document efficacy of the prescribed medications and the submitted documentation does not show how long the IW has been taking the requested medication. Prescriptions were written for Ultram and Norco. The plan of care included, and authorization was requested on 8- 25-2015 for Norco, Ultram, lumbar magnetic resonance imaging (MRI) and 2 office visits. On 9-02-2015, Utilization Review non-certified the request for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: 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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in July 1997 and continues to be treated for low back pain. When seen, she was receiving all medications except for Lidoderm. Physical examination findings included positive straight leg raising with decreased right lower extremity strength and ankle reflex. There was an asymmetric lumbar range of motion. Ultram and Norco were being prescribed. The total MED (morphine equivalent dose) was 40 mg per day. The MED for each medication was 10 mg. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid medication 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. There would be no need to prescribe two short acting agents with the same MED. Continued prescribing of Norco is not medically necessary.