

Case Number:	CM15-0185299		
Date Assigned:	09/25/2015	Date of Injury:	03/09/2008
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
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:

This is a 56 year old male with a date of injury of March 9, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago. Medical records dated April 6, 2015 indicate that the injured worker complains of low back pain and leg pain. A progress note dated June 25, 2015 notes subjective complaints of regular pain being the same, no longer having "Lightning bolts" down the legs, and being unable to sit for longer than thirty minutes. The injured worker's work status was not documented in the submitted records. The physical exam dated April 6, 2015 reveals an antalgic gait, some restricted range of motion of the lumbosacral spine, patchy sensory changes, diminished reflexes, and equivocal straight leg raise test. There was no other recent physical examination regarding the lumbar spine documented in the records submitted. Treatment has included a spine injection that "Helped the sciatic pain", medications (Hydrocodone-Acetaminophen 10-325mg every four to six hours as needed, Ibuprofen 800mg, Pristiq 50mg once a day, Triamcinolone acetonide topical cream, and Bupropion 150mg once a day since at least January of 2015; Amitriptyline 25mg one to two tablets at bedtime since at least March of 2015), and lumbar selective nerve root block. The treating physician indicates that the injured worker reports that "Pain medications definitely help him function". The original utilization review (September 10, 2015) non-certified a request for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2008 and underwent a multilevel lumbar fusion in 2009. He continues to be treated for chronic back and leg pain. When seen, pain medications are referenced as definitely helping him to function. Ibuprofen, amitriptyline, hydrocodone/acetaminophen, Bupropion, topical triamcinolone, and Pristiq were being prescribed. Physical examination findings included a body mass index of 32. Norco was being prescribed and was continued. 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 in particular is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.