

Case Number:	CM15-0185598		
Date Assigned:	09/23/2015	Date of Injury:	08/10/2010
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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 40 year old male with a date of injury of August 10, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease, cervical post laminectomy syndrome, cervical discogenic pain, lower back pain, lumbar degenerative disc disease, lumbar discogenic pain, and chronic pain syndrome. Medical records dated June 1, 2015 indicate that the injured worker complains of neck pain, mid back pain, lower back pain, pain rated at a level of 9 out of 10 and 5 out of 10 with medications. Records also indicate that the pain was unchanged since the last visit. A progress note dated August 25, 2015 notes subjective complaints of chronic lower back pain not controlled by medications rated at a level of 9 out of 10 and 6 out of 10 with medications. Per the treating physician (August 25, 2015), the employee was temporarily totally disabled. The physical exam dated June 1, 2015 reveals an antalgic gait, diminished sensation of the left upper arm, tenderness to palpation over the cervical spine muscles, limited range of motion of the cervical spine due to pain, diminished sensation of the left leg, tenderness to palpation of the sciatic notches and sacroiliac joints, positive Patrick's sign and Gaenslen's maneuver on the left, tenderness to palpation over the lumbar paraspinal muscles, increased pain with lumbar flexion, and positive straight leg raise bilaterally left greater than right. The progress note dated August 25, 2015 documented a physical examination that showed no changes in the lumbar spine examination since June 1, 2015. Treatment has included medications (Norco 10-325mg every four to six hours and Robaxin 500mg twice each day as needed since at least May of 2015), physical therapy, and cervical disc replacement on March 19, 2015. The treating physician indicates that the urine

drug testing result dated June 1, 2015 showed results that were consistent with the injured worker's Norco prescription. The original utilization review (September 2, 2015) non-certified a request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in August 2010 and is being treated for chronic low back pain. Medications are referenced as decreasing pain from 9/10 to 6/10. When seen, he had increased pain after his Norco had been decreased. He had stopped taking Cymbalta due to side effects. He was concerned about his liver function. He was having severe pain. Physical examination findings included a normal body mass index. There was lumbar and sacroiliac joint tenderness. Straight leg raising was positive bilateral and there was decreased left lower extremity sensation. Since Norco 5/325 mg was not effectively controlling his pain, the dose was increased. The total (medication) was 40 mg per day. 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. Norco (hydrocodone/acetaminophen) is a short acting combination opioid medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain and had increased pain after the dose had been lower, consistent with prescribing at the lowest effective dose. There were no identified issues of abuse or addiction and the total MED prescribed remained less than 120 mg per day consistent with guideline recommendations. No refills were given. Prescribing Norco was medically necessary.