MAXIMUS Federal Services

Case Number:	CM15-0186637		
Date Assigned:	09/28/2015	Date of Injury:	04/14/2002
Decision Date:	11/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/22/2015

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 58-year-old male who sustained an industrial injury on 4-14-2002. Diagnoses have included lumbar spinal stenosis, knee osteoarthritis, and hip osteoarthritis. Documented treatment includes Orthovisc injections, activity modification, unloading knee braces, wheelchair, Norco and Gabapentin. He has been on these medications for at least six months. The injured worker continues to report ongoing low back and knee pain radiating into both lets and is reported on 8-3-2015 to be unable to walk. Pain rating or response to treatment was not discussed in the note. The physician noted "severe" muscle spasms in the paraspinal muscles, tenderness at the L4, 5, S1, and S2 spinous processes and in the sacroiliac joint. Straight leg rising was positive. The treating physician's plan of care includes a request for Norco 10-325 mg, 180 count. This has been modified to 90 for tapering. The injured worker remains on total temporary disability.

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 for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2002 and continues to be treated for chronic pain with diagnoses of lumbar spinal stenosis and osteoarthritis of the hips and knees. When seen, his condition had not improved. He was having severe low back pain with radiating symptoms into the lower extremities. He was relying on a wheelchair. He was wearing a right knee brace. Physical examination findings included severe paraspinal muscle spasms. There was lumbar spinous process, lumbosacral junction, and sacroiliac joint tenderness. There was positive Patrick's, Lasegue, and sciatic stretch testing with positive straight leg raising. He had decreased lower extremity strength and sensation. Norco and Neurontin were being prescribed and were 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 is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.