

Case Number:	CM15-0187011		
Date Assigned:	09/30/2015	Date of Injury:	12/10/2009
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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 67 year old female sustained an industrial injury on 12-10-09. Documentation indicated that the injured worker was receiving treatment for chronic low back pain, failed back surgery syndrome, chronic bilateral lower extremity radiculopathy, chronic sacroiliac joint pain, chronic coccydynia and chronic bilateral ankle pain. Past medical history was significant for diabetes mellitus and cerebrovascular accident (3-18-14). In PR-2's dated 4-7-15, 6-30-15 and 7-28-15, the injured worker complained of pain rated 5 to 7 out of 10 on the visual analog scale. In a PR-2 dated 4-7-15, range of motion consisted of antiflexion of the trunk of the pelvis 5 degrees of flexion, 0 degrees extension, bilateral rotation 10 degrees and bilateral lateral flexion 5 degrees. In a PR-2 dated 8-25-15, the injured worker complained of pain in the low back, legs and wrists, rated 8 to 9 out of 10 on the visual analog scale. The injured worker stated that she could not even mover around due to pain in the low back. The physician noted that the injured worker had difficulty walking due to pain in her low back and legs and that she had difficulty rising from the chair, requiring a walker to get up. Physical exam was remarkable for tenderness to palpation from C2 to T1, T1 to L1 and L1 to L5-S1 with lumbar spasms and range of motion: antiflexion of the trunk on the pelvis less than 5 degrees flexion, 0 degrees extension, left rotation 5 degrees, right rotation 10 degrees and bilateral flexion 5 degrees. The injured worker had been prescribed Norco since at least 4-7-15. The treatment plan included refilling Norco, continuing gabapentin, Lidoderm patches and Omeprazole and referral for psychiatric consultation. On 9-15-15, Utilization Review modified a request for Norco 10-325mg #150 to Norco 10-325mg #108.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 5/325 mg #150 with an rx date of 8/25/2015: 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 December 2009 and continues to be treated for chronic pain. She has a history of a lumbar laminectomy and discectomy in October 2011 and has a diagnosis of failed back surgery syndrome. She sustained a CVA in March 2014. When seen, she was having low back, wrist, and leg pain. She was having difficulty walking. Physical examination findings included difficulty standing from a chair. She was using a walker. There was decreased spinal range of motion. She had tenderness throughout the spine with lumbar muscle spasms. Norco was refilled. Authorization for a lightweight wheelchair was being requested. A Pain Disability Index questionnaire is being used with regard to the effect of Norco and documents a decrease of 2-3 points in each category. Pain scores are not being recorded. 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 for this claimant. A generic Pain Disability Questionnaire is being used. Continued prescribing is not medically necessary.