

Case Number:	CM15-0188665		
Date Assigned:	09/30/2015	Date of Injury:	10/10/2013
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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 29 year old female with a date of injury on 10-10-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar spine laminectomy 2012, lumbar spine disc herniations, mild to moderate foraminal stenosis and excessive weight gain. According to the progress reports dated 3-11-2015 to 8-26-2015, the injured worker complained of constant pain in her lumbar spine rated 7 out of 10. The pain radiated to the bilateral lower extremities, right greater than left. Per the treating physician (8-26-2015), the injured worker was temporarily totally disabled. The physical exam (3-11-2015 to 8-26-2015) revealed tender paraspinal muscles of the lumbar spine. There was decreased range of motion of the lumbar spine. Treatment has included lumbar epidural steroid injection, exercise program and medications. The injured worker has been prescribed Norco since at least 3-11-2015. The request for authorization dated 8-26-2015 included Norco. The original Utilization Review (UR) (9-11-2015) denied a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: 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 for chronic pain, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2013 when she strained her back after tripping over a 5-gallon water bottle. Medications include Norco, which was refilled in March 2015. Urine drug screening in March 2015 was negative for hydrocodone and urine drug screening in August 2015 was inconsistent with the medications being prescribed, showing tramadol and negative for hydrocodone. When seen, she had constant lumbosacral pain rated at 7/10 with bilateral lower extremity symptoms. Physical examination findings included lumbar paraspinal tenderness. Her body mass index is over 44. Norco was refilled. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although 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. Urine drug screening has not been consistent. Continued prescribing is not considered medically necessary.