

Case Number:	CM15-0190531		
Date Assigned:	10/02/2015	Date of Injury:	01/27/2011
Decision Date:	11/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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 44 year old male who sustained an industrial injury 01-27-11. A review of the medical records reveals the injured worker is undergoing treatment for multilevel disc herniations of the lumbar spine with moderate to severe neural foraminal narrowing, bilateral L5 pars defects, and retrolisthesis at L3-5 and grade I spondylolisthesis at L5-1. Medical records (08-31-15) reveal the injured worker complains of a flare of low back pain. His pain is rated at 2-3/10. The physical exam (08-31-15) reveals tenderness to palpation in the midline of the lumbar spine extending into the right paraspinal region, and decreased sensation in the right S1 dermatome. Prior treatment includes 4 sessions of chiropractic care, 13 sessions of acupuncture, and a right transforaminal epidural steroid injection. The original utilization review (09-22-15) non certified the request for Norco 10/325 #90. The documentation supports that the injured worker has been on Norco since at least 03-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in January 2011 as the result of a motor vehicle accident. He continues to be treated for chronic low back pain. When seen, he had a recent flare-up of pain and had been bedridden for 10 days but was now working without restrictions. He was taking Norco 10/325 mg one tablet every two weeks. He had pain rated at 2-3/10. There was decreased lumbar range of motion with midline and right paraspinal tenderness. He had decreased right lower extremity strength and sensation. Norco 10/325 mg #90 was prescribed with dosing instructions of one time per day as needed. 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 were no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there was no documentation that this medication was providing decreased pain through documentation of VAS pain scores or specific examples of how this medication was resulting in an increased level of function or improved quality of life. The quantity prescribed was not consistent with the claimant's reported use or with the dosing instructions. The request cannot be accepted as being medically necessary.