

Case Number:	CM15-0190543		
Date Assigned:	10/02/2015	Date of Injury:	11/06/2013
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
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 39 year old male, who sustained an industrial injury on 11-6-13. Current diagnoses or physician impression includes lumbar spinal strain, left lumbar radiculopathy and multilevel degenerative disc disease. His work status is modified duty. Notes dated 6-24-15 - 8-19-15 reveals the injured worker presented with complaints of headaches located in the back of his head and low back pain radiating down his right leg described as dull, aching, stabbing, burning and shooting and is rated at 8-9 out of 10. He reports the pain is relieved by rest and medication. He reports activities at home and work increases his pain. He reports he has difficulty squatting, kneeling, lifting, pushing, pulling, driving and walking as well as vacuuming. Physical examinations dated 6-24-15 - 8-19-15 revealed tenderness to palpation over the "lumbar paraspinals" and range of motion is limited by pain. Treatment to date has included aqua therapy, chiropractic care (decreased pain and muscle spasms and increased strength, range of motion and coordination, per note dated 7-16-15), functional capacity evaluation, physical therapy, Norco (for at least 10 months) and trigger point injections. Diagnostic studies to date have included x-rays and lumbar MRI. A request for authorization dated 8-19-15 for Norco 10-325 mg #60 is modified to #30, per Utilization Review letter dated 9-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: 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, long-term assessment, Opioids for chronic pain.

Decision rationale: The claimant sustained a work injury in November 2013 when he had pain while working as a window installer as he and four co-workers were trying to lift a 600-pound window sheet. He is being treated for low back pain radiating to the right lower extremity. When seen, pain was rated at 4-7/10. Medications and stretching were helping to alleviate his pain. He was not requesting medication refills and had no reported limitations. Physical examination findings included lumbar paraspinal tenderness with decreased and painful range of motion. There was positive right straight leg raising. He had decreased L4/5 sensation. Diagnoses were a lumbar strain and right L5 lumbar radiculopathy. Although he was not requesting refills, on the same date, Norco 10/325 mg #60 was prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were 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 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. A refill was not being requested and was provided anyway which does not reflect the claimant's reported medication use. The request was not appropriate or medically necessary.