

Case Number:	CM15-0192160		
Date Assigned:	10/06/2015	Date of Injury:	05/21/1996
Decision Date:	11/13/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/30/2015

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 55 year old male, who sustained an industrial injury on 5-21-1996. The injured worker is undergoing treatment for chronic pain syndrome, myofascial pain and lumbar post laminectomy syndrome. Medical records dated 9-17-2015 indicate the injured worker complains of back pain with cramping and numbness and tingling in the legs and sleep disturbance. The treating physician indicates "no change in pain over the last month continues to be severe." The injured worker "reports best relief of pain with exercise in pool." Physical exam dated 9-17-2015 notes ambulation with use of a cane, tenderness to palpation of the lumbar area with trigger points and decreased range of motion (ROM). Treatment to date has included Norco, Dilaudid, Lyrica, Ambien, Advil, Nortriptyline and physical therapy. The original utilization review dated 9-28-2015 indicates the request for Dilaudid 4mg #60 and Ambien 10mg #30 is certified and Norco10-325mg #60 is non-certified.

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, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Weaning of Medications.

Decision rationale: The claimant has a remote history of a work injury in May 1996 and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. In June 2015, pain was rated at 3/10. Norco and Dilaudid were being prescribed at a total MED (morphine equivalent dose) of 92 mg per day. In August 2015, Norco had been denied and he had been out of this medication for three weeks. Pain was rated at 7/10. A transition off opioids was referenced. Lyrica was prescribed. When seen in September 2015, pain was rated at 3/10. He had been without Norco for 2-3 months. His Dilaudid dose remained the same. Physical examination findings included ambulating with a cane. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was requested after the claimant had been without this medication for 2-3 months and weaning would not be required. Lyrica had been prescribed the month before and the combination of medications was providing an equivalent amount of pain relief as when Norco had been prescribed. The request is not medically necessary.