

Case Number:	CM15-0192324		
Date Assigned:	10/06/2015	Date of Injury:	04/08/2004
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
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 46 year old male who sustained an industrial injury on 04-08-2004. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain and lumbar radiculopathy. According to the treating physician's progress report on 09-08-2015, the injured worker continues to experience low back pain radiating to the right leg with numbness and tingling of the right leg and burning in the feet. The injured worker rated his pain as 10 out of 10 without medications and 4 out of 10 on the pain scale with me. Evaluation noted the injured worker ambulated with an antalgic gait and uses a standard cane. Examination noted strength normal on the left lower extremity and 4 out of 5 for the right lower extremity. Reflexes were documented as 2 plus and symmetric for the gastrosoleus bilaterally, 1 plus for the right quadriceps and 2 plus for the left quadriceps. Sensation was decreased to light touch throughout the right leg. Straight leg raise was positive on the right and negative on the left side. Urine drug screening was consistent for prescribed medications according to the provider. The injured worker has been on Norco since at least 01-2015 with consistent pain level of 4-5 out of 10 since 01-2015. A spinal cord stimulator (SCS) trial was discussed at the office visit and the injured worker denied wanting this performed. Prior treatments have included diagnostic testing, physical therapy, injections, transcutaneous electrical nerve stimulation (TEN's) unit and medications. Current medications were listed as Fentanyl 100mcg-hour patches every 3 days and Norco. Treatment plan consists of renewing Norco 10mg-325mg #120. On 09/18/2015, the Utilization Review modified the request for Norco 10mg-325mg #120 to Norco 10mg-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The claimant has a remote history of a work injury occurring in April 2004 and continues to be treated for low back pain with right lower extremity radiating symptoms. Medications are referenced as decreasing pain from 10/10 to 4/10. When seen, a spinal cord stimulator trial was discussed and he did not want to have this done. He was using TENS, which had been helping. Physical examination findings included positive right straight leg raising. There was decreased right lower extremity strength and sensation. There was an antalgic gait with use of a cane. Fentanyl and Norco were being prescribed at a total MED (morphine equivalent dose) of 280 mg per day. This combination and level of opioid medications have been prescribed since at least January 2015. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than two times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done or considered. Ongoing prescribing at this dose is not considered medically necessary.