

Case Number:	CM15-0195903		
Date Assigned:	10/09/2015	Date of Injury:	07/26/2001
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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 63 year old male with a date of injury of July 26, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculitis with lumbar disc disease, bilateral sacroiliitis, and bilateral lumbar facet arthropathy. Medical records dated July 28, 2015 indicate that the injured worker complained of lower back pain radiating down the left buttock and leg rated at a level of 4 out of 10. A progress note dated September 1, 2015 documented that the injured worker was able to work, controlling the pain with Norco 10-325mg four times a day. The physical exam dated July 28, 2015 reveals tenderness to palpation in the lumbosacral musculature and over the lumbar spinous processes, end range pain with lumbar flexion, radiating pain with lumbar extension, pain with heel standing, gait stiffness, decreased sensation in the bilateral great toes, decreased sensation to light touch in the L4, L5, and S1 nerve root distributions, and decreased Achilles and Babinski reflexes. The progress note dated September 1, 2015 documented a physical examination that showed continued tenderness over the left flank, buttock area, back of the head, and cervical area, and dysesthesia on the left at the L5 dermatome. Treatment has included medications (Norco 10-325 up to four times a day since at least May of 2015; Xanax 0.5mg once a day documented in May of 2015), and lumbar epidural steroid injection with 80% relief of pain. The original utilization review (September 16, 2015) non-certified a request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in July 2001 and is being treated for low back pain with lower extremity radiating symptoms. He had improvement after a lumbar epidural injection in June 2013 and it was repeated in June 2015. When seen, he had improved after the recent epidural injection. He was having pain radiating into the left lower extremity. He was continuing to work. He was taking Norco four times per day. He was requesting an orthopedic surgery evaluation. Physical examination findings included left flank, buttock, neck, and posterior head tenderness. There were left L5 dysesthesias. The assessment references consideration of tapering of the claimant's narcotic medication, however, it was continued unchanged. 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 there are 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 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. Continued prescribing is not considered medically necessary.