

Case Number:	CM15-0197145		
Date Assigned:	10/12/2015	Date of Injury:	09/13/2006
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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 56 year old male, who sustained an industrial-work injury on 9-13-06. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder internal derangement, myofascial pain syndrome, left shoulder rotator cuff tear, and lumbar disc herniation. Treatment to date has included pain medication including Naproxen, Pantoprazole and Norco since at least 4-29-14, and other modalities. Medical records dated (1-6-15 to 9-8-15) indicate that the injured worker complains of acute flare-ups of low back pain. He describes relief with medications usage and increase in activities of daily living (ADL) and ability to sleep. Per the treating physician report dated 9-8-15 the work status is modified with restrictions. The physical exam dated 9-8-15 reveals tenderness throughout the lumbar musculature, moderate hypertonicity is palpable, diminished lumbar range of motion with pain at end ranges, and straight leg raise elicits low back pain. The physician requested medications. The request for authorization date was 9-8-15 and requested service included Norco 7.5-325 mg Qty 120. The original Utilization review dated 9-16-15 modified the request for Norco 7.5-325 mg Qty 120 modified to Norco 7.5-325 mg Qty 25 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: The claimant sustained a work injury in September 2006 when he fell from a 9 foot wall with injury to the low back. He sustained an L1 compression fracture treated with a lumbar orthosis. He continues to be treated for low back pain. Medications are referenced as providing pain relief with increased activities of daily living. Norco and naproxen are being prescribed. At all visits since at least January 2015 he was having an acute flare-up of low back pain. When seen, he had run out of medications and was having more difficulty with activities of daily living and sleeping. Physical examination findings included lumbar spine tenderness with increased muscle tone. There was decreased and painful range of motion. He had back pain with straight leg raising. The assessment references needing to try to wean the claimant from Norco. A pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. For the long-term use (6 months or more) of opioid medication include that pain assess criteria at each visit. Function should be measured at least at 6-month intervals using a numerical scale or validated instrument. 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.