

Case Number:	CM15-0197907		
Date Assigned:	10/13/2015	Date of Injury:	09/19/2002
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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 69 year old male who sustained an industrial-work injury on 9-19-02. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), status post laminectomy, chronic low back pain and rare occurrence of bilateral sciatic pain. Treatment to date has included pain medication, diagnostics, surgery, Transcutaneous electrical nerve stimulation (TENS), epidural steroid injection (ESI) 10-27-09 with 60 percent reduction in pain and sciatic symptoms that lasted for years, urine drug tests and other modalities. Medical records dated (4-21-15 to 9-10-15) indicate that the injured worker complains of chronic low back pain with intermittent numbness and tingling in the bilateral legs. He reports more flare-ups with the back recently and states the pain seems to be most aggravated in the evenings. The pain is rated 7 out of 10 on the pain scale without the medication and 3-4 out of 10 with the medication which has been unchanged. He reports that the Norco gives a 50 percent reduction in pain with use. Per the treating physician report dated 9-10-15 the injured worker is permanent and stationary. The physical exam dated (4-21-15 to 9-10-15) reveals tenderness throughout the lumbar spine and bilateral lumbar paraspinal regions. The finger to the floor distance is 18 inches. The sensation to light touch is reduced in the right L5 distribution. The treating physician indicates that the urine drug test result dated 3-24-15 was consistent with the medication prescribed. The request for authorization date was 9-10-15 and requested service included Norco 5-325mg #90. The original Utilization review dated 9-18-15 modified the request for Norco 5-325mg #90 modified to Norco 5-325mg #68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2002 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. His injury occurred when he bent over while moving something in a restaurant freezer and felt his back pop. Norco is referenced as decreasing pain from 7/10 to 3-4/10. When seen, recent imaging results were reviewed. There was a new right lateralized L5/S1 disc herniation. He was having more frequent flareups of back pain. He was continuing to use a TENS unit. Physical examination findings included tenderness throughout the lumbar spine. There was decreased lumbar flexion. There was decreased right lower extremity sensation with normal strength and reflexes. Authorization for eight sessions of chiropractic treatment with consideration of an epidural injection if ineffective is referenced. Norco was continued at a total MED (morphine equivalent dose) of 15 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and Norco continues to provide a clinically significant amount of pain relief. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.