MAXIMUS Federal Services

Case Number:	CM15-0198611		
Date Assigned:	10/14/2015	Date of Injury:	09/14/1994
Decision Date:	11/23/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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 54 year old female who sustained an industrial injury September 14, 1994. According to a treating physician's health report dated September 17, 2015, the injured worker presented with chronic back pain of over 20 year duration. Her condition is stable, although somewhat worse over the past year. She is not considered a surgical candidate and refused surgery and injections. She reports the pain is diffuse across her back without radiation and worse in cool and wet weather. Current medications included Gabapentin, Naproxen, and Norco. The medical records provided do not provide dates or durations of current medication or toxicology reports. Objective findings included; 4'10" and 193 pounds; appears deconditioned; range of motion of the lumbar spine moderately limited in all directions; some tenderness in the right paralumbar area; straight leg raise and neurological exam are normal. Assessments are chronic back pain; lumbar disk disease; radiating symptoms in the legs, currently quiescent. Treatment plan included encouragement to perform exercise and utilize a new exercise machine and at issue, a request for authorization dated September 24, 2015, for Norco 5-325mg one three times daily as needed, #90. According to utilization review dated October 1, 2015, the request for Norco 5-325mg #90 (1) three times daily as needed is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, one 3 times daily as needed, #90: Upheld

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

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 in September 1994 and is being treated for chronic low back pain with lower extremity radiating symptoms. Naprosyn and Norco are being prescribed on a long-term basis. When seen, gabapentin was also listed as an active medication. She was continuing to use her medications. She had worsening low back pain attributed to the cool and wet weather. Pain was rated at 8-9/10. Physical examination findings included an increased body mass index, now over 40. There was decreased lumbar range of motion with right paralumbar tenderness. The claimant appeared deconditioned. There was a normal neurological examination. Medications were continued at the same doses. 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.