

Case Number:	CM15-0206911		
Date Assigned:	10/23/2015	Date of Injury:	10/30/2001
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/20/2015

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 50-year-old female who sustained an industrial injury on 10-30-2001 and has been treated for lumbar post-laminectomy syndrome, myalgia, and myositis. Spinal hardware was removed in 2013 resulting in reported 20-30 percent pain relief. On 9-22-2015 the injured worker reported continued pain. Objective findings included "very slow" right antalgic gait, and inability for her to perform heel to toe walking. It was also noted that she had positive bilateral facet loading, and bilateral positive straight leg raises. Documented treatment includes "failed" physical therapy causing "worse pain"; aqua therapy and acupuncture "with good benefit"; epidural steroid injections greater than 5 years ago; and medications including a compound cream, Soma, and Xanax for anxiety and panic attacks. She has been "weaned down on her MSER 30 mg" from three times to twice per day, but the physician notes "she cannot further decrease her pain meds." Norco is stated to reduce her pain level from 9-10 out of 10 to 3-5 out of 10 lasting 6 hours. The physician documented that she has "previously failed" Flexeril, Baclofen, APAP, Motrin, Gabapentin, Lyrica, Fentanyl, and Percocet. The injured worker reports that medication keeps her from being "bedridden." Norco has been documented since at least 6-2015. The physician states that a narcotic agreement was signed 6-29-2015. The treating physician's plan of care includes a request for authorization submitted 9-24-2015 for a refill of Norco 10-325 mg, 2 tabs 4 per day #240. On 10-2-2015 this was modified to #200 for weaning and to discontinue with reduction by 10 percent to 20 percent per week over 2-3 months. The injured worker is disabled and not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Online Version, Opioid 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, dosing, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The claimant has a remote history of a work injury with date of injury in October 2001 after three injuries to her low back. She underwent four lumbar spine surgeries with removal of hardware in 2013. Treatments have included epidural injections without much pain relief. She continues to be treated with medications. When seen, Norco is referenced as decreasing pain from 9-10/10 to 3-5/10 and lasting approximately 6 hours. She had decreased her extended release morphine dose. There had been a 20-30% improvement in pain after the hardware removal. She had previously failed physical therapy treatments. She was apprehensive about trying chiropractic care and deferred an intrathecal drug delivery system or spinal cord stimulator trial. She had previously benefited from aquatic therapy and acupuncture. Physical examination findings included a body mass index of 30. She sat in an uncomfortable position leaning to the left side. She had a very slow and antalgic gait. There was decreased right lower extremity sensation. Facet loading was positive. There was back stiffness and tenderness. Straight leg raising was positive bilaterally. Medications were refilled. Extended release morphine and Norco were prescribed at a total MED (morphine equivalent dose) of 140 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed remains higher than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, further weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.