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| Case Number: | CM15-0208305 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 12/10/2001 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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 68 year old female, who sustained an industrial injury on 12-10-2001. The injured worker is being treated for chronic low back pain, lumbar degenerative disc disease status post fusion, right sciatica, status post right total knee arthroplasty, and status post right carpal tunnel release. Treatment to date has included surgical intervention (right total knee replacement, 2004), physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 9-02-2015, the injured worker presented for reevaluation. She reported chronic low back pain with radicular symptoms to the right lower extremity. She is currently receiving Norco 10-325mg four times per day as needed and denies any side effects. She reports that the medication reduces her pain by approximately 50%. She describes her back pain as 7-8 out of 10 without Norco reduced to 4 out of 10 with Norco. Objective findings included tenderness to palpation throughout the lumbar spine with slight left and moderate right tenderness noted in the lumbar paraspinal regions. Per the medical records dated 3-24-2014 to 9-24-2015 there is no documentation of significant improvement in symptoms or increase in activities of daily living attributed to the current treatment including Norco. The IW has been prescribed Norco since at least 3-24-2014. Work status was permanent and stationary. The plan of care included a powered scooter and dietary restrictions. Authorization was requested for Norco 10-325mg #120. On 10-01-2015, Utilization Review modified the 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, 1 tab as needed #120: Overturned

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

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 rationale: The claimant has a remote history of a work injury occurring in December 2001 and continues to be treated for chronic pain. She underwent a lumbar spine fusion, right total knee replacement, and right carpal tunnel release. She has comorbid medical conditions of hypothyroidism, atrial fibrillation, hypertension, hypercholesterolemia, gout, glaucoma, and chronic lower extremity edema. In September 2015 she was having headaches and had been diagnosed with temporal arthritis which had improved with prednisone. She was continuing to take Norco which was decreasing pain from 7-8/10 to 4/10 with improved walking tolerance. She was continuing to ambulate with a cane. She was wearing lower extremity compression stockings. Urine drug screening in June 2015 had been consistent with her prescribed medications. She was trying to lose weight and her current weight was 210 pounds. There had been a 5 pound weight loss since for previous visit. Physical examination findings included lumbar tenderness with negative straight leg raising. There was bilateral knee joint line tenderness with slight crepitus with range of motion on the left. There was decreased right hip flexion strength due to pain and guarding. Norco was continued. The total MED (morphine equivalent dose) was 40 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 medications are providing decreased pain and improved activities tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.