

Case Number:	CM15-0208986		
Date Assigned:	10/27/2015	Date of Injury:	05/21/2009
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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 46 year old female, who sustained an industrial injury on 05-21-2009. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar radiculitis and failed back syndrome. Medical records (04-21-2015 to 09-24-2015) indicate ongoing low back pain with bilateral buttock and groin pain. Pain levels were rated 6-8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-24-2015, revealed tenderness and spasms in the paralumbar region, decreased range of motion, slightly decreased motor strength in both lower extremities, decreased sensation in both lower extremities, and positive straight leg raises bilaterally. Relevant treatments have included: lumbar laminectomy, physical therapy (PT), psychiatric treatment, work restrictions, and pain medications. There was no mention of a prescription for Norco in the clinical notes until 11-03-2015 which is after the date of the utilization review decision. The request for authorization (no date) shows that the following medication was requested: Norco 10-325mg #180. The original utilization review (10-02-2015) non-certified the request for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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, long-term assessment.

Decision rationale: The claimant sustained a work injury in May 2009. Her injury occurred when she was stepping down from a stack of pallets and her foot became stuck. She twisted her back and had sharp pain. In February 2011 she underwent a lumbar fusion at L5/S1. She continues to be treated for chronic pain including a diagnosis of failed back surgery syndrome. She had a positive spinal cord stimulator trial and implantation of a permanent stimulator is being recommended. When seen in September 2015 she was having low back pain radiating into the legs. Pain with medications was rated at 6/10. Physical examination findings included paralumbar tenderness with spasms and decreased range of motion. There was decreased lower extremity strength and sensation with positive straight leg raising bilaterally. Norco is being requested at a total MED (morphine equivalent dose) of 60 mg per day. Medications have included Dilaudid at a total MED (morphine equivalent dose) of 80 mg per day. 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 opioid medications at a higher MED have provided sufficient pain relief as a spinal cord stimulator is being recommended. There was no documentation that Norco is providing decreased pain through reporting of VAS pain scores or examples of it resulting in an increased level of function or improved quality of life. Prescribing Norco is not medically necessary.