

Case Number:	CM15-0022642		
Date Assigned:	02/12/2015	Date of Injury:	03/31/1998
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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 male, with a reported date of injury of 03/31/1998. The diagnoses include lumbar spine pain and lumbar spine degenerative disc disease. Treatments have included back support brace, a cane, and oral medications. The progress report dated 07/08/2014 indicated that the injured worker experienced spasm into the left of his tailbone at times. He stated that he was only able to stay in bed for about four hours as his back started to bother him. The physical examination showed 40% flexion, 20% extension, 50% left lateral, and 20% right lateral movement of the lumbar spine. The treating physician requested Norco 10/325mg. The medical report from which the request originates was not included in the medical records provided for review. On 01/23/2015, Utilization Review (UR) modified the request for Norco 10/325mg #60, noting that a medication is not justified at any quantity when found ineffective at controlling pain or increasing function and further modification was no longer indicated as adequate time and dosage was previously given to safely complete the weaning of Norco. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, Opioids, dosing, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of work injury occurring more than 10 years ago and continues to be treated for chronic back pain. 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 often 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, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.