

Case Number:	CM15-0023244		
Date Assigned:	02/12/2015	Date of Injury:	05/21/2006
Decision Date:	03/26/2015	UR Denial Date:	01/04/2015
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 was a 48 year old male, who sustained an industrial injury, May 21 2006. According to progress note of the injured workers chief complaint was neck pain with upper and lower back pain. The injured worker also had jaw and left knee pain. The injured worker was still having headaches, depression and sexual dysfunction. The injured worker walks with a cane. The injured worker rated the pain at 9 out of 10; 0 being no pain and 10 being the worst pain. The physical exam noted neck flexion was 30 degrees, extension was 20 degrees and left rotation was 60 degrees and right was 30 degrees with left and right lateral flexion of 10 degrees. Anteflexion of the trunk on the pelvis allows of 30 degrees of flexion and extension of 0 degrees and rotation of less than 10 degrees left and right. The lateral flexion on the left was 5 degrees and to the right was 5 degrees. There was paracervical tenderness at C2 to C7-T1. There was parathoracic tenderness from T1-T12 L1 and paralumbar tenderness for L5-S1. There was also bilateral sacroiliac and trochanteric tenderness. There were severe spasms noted in the thoracic and lumbar spine. The injured worker was diagnosed with depression, chronic lumbar pain, chronic thoracic myofascial pain, chronic cervical myofascial pain, chronic neuropathic pain of the left upper and lower extremities, chronic abdominal/pelvic pain likely related to the lumbar condition, impotence, chronic left knee pain versus radicular symptoms from the lumbar spine, defecation and urinary urgency likely related to lumbar condition. The injured worker previously received the following treatments Norco, Baclofen, cane, psychiatric services, and antidepressant medication. On December 10, 2014, the primary treating physician requested authorization for a prescription for Norco 10/325mg #120 for pain. The injured worker's pain medications have been

denied since at least April of 2014 and the injured worker had been paying for them out of pocket. January 7, 2015, the Utilization Review denied authorization for a prescription for Norco 10/325mg #120. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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,.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic widespread pain. When unable to obtain the requested medication he had increased pain and was reported to then pay for them out of pocket. 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, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.