

Case Number:	CM15-0211250		
Date Assigned:	10/30/2015	Date of Injury:	09/29/1999
Decision Date:	12/11/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/27/2015

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 71 year old male who sustained an industrial injury on 9-29-99. A review of the medical records indicates that the worker is undergoing treatment for post laminectomy lumbar spine, carpal tunnel syndrome, impingement syndrome, mononeuritis multiplex, lumbar radiculopathy, arthritis-hand, derangement - knee, and fractured ribs. Subjective complaints (9-21-15) include pain with limitations affecting walking capacity, radiation of neck pain, waking 3 times a night due to pain, and notes medications help with pain. Objective findings (9-21-15) include ambulates with a walker, condition is not showing improvement, and urine drug screen testing was done but results were noted as unavailable at this time. An MRI (2-16-15) conclusion is noted as "paired intervertebral grafts are present at L3-4 and L5-S1. Pedicle screws and posterior fixation rods noted at CT of 2003 are now absent heterogeneous signal in the lateral masses and facets suggest the presence of fusion bone mass-scarring related to hardware removal. At the fusion levels, the central spinal canal and foramina are widely patent. Borderline retrolisthesis L2-3 with multifactorial moderate acquired central canal spinal stenosis and bilateral foraminal stenosis, borderline retrolisthesis L1-2 with multifactorial moderate to severe acquired central canal spinal stenosis and high grade left foraminal stenosis." Medications are noted to be helping with pain and allow for a satisfactory functional capacity. Work status is noted as retired. Current medications are Amlodipine, Paroxetine, Omeprazole, Levothyroxine, Lisinopril, Norco, Trazodone, Anaprox-DS, and Tramadol. Previous treatment includes physical therapy, surgery, activity modification, and medication. The requested treatment of Norco 10-325mg #90 was modified to Norco 10-325mg #68 on 9-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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 has a remote history of a work injury in September 1999 and is being treated for neck and back pain. He has a history of a multilevel lumbar fusion and has severe right upper extremity neuropathies as well as a sensory polyneuropathy and bilateral L5 radiculopathies. Urine drug screening has shown findings of tramadol which is being prescribed topically. In September 2015, he had run out of medications and was requesting a refill. Medications are referenced as working well. He was having radiating symptoms into the lower extremities. Physical examination findings included using a walker. Norco was refilled at a total MED (morphine equivalent dose) of 30 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 this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.