

Case Number:	CM15-0212598		
Date Assigned:	11/02/2015	Date of Injury:	08/27/2001
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/28/2015

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 an 80 year old female who sustained an industrial injury August 27, 2001. Past history included lumbar fusion, 2 levels May, 2007, congestive heart failure, and (SCS) spinal cord stimulator. Diagnoses are post laminectomy syndrome, not elsewhere classified; dorsalgia, unspecified. According to a treating physician's progress report dated October 13, 2015, the injured worker presented for periodic office visit with complaints of neck pain, rated 0 out of 10 with medication and 5 out of 10 without medication. She rated the quality of her sleep as good. Current medication included Norco (since at least June 23, 2015), Ambien, Citracal, Crestor, Protonix, Bupropion, Metoprolol tartrate, Spiriva, Digoxin, Ferrous Sulfate, Lasix, Potassium, Ativan, Budesonide, and Ipratropium. Objective findings included 5'6" and 111 pounds; global antalgic gait assisted with cane; cervical spine-tenderness and restricted range of motion; lumbar spine-bilateral tenderness, restricted range of motion, unable to heel toe walk, Gaenslen's negative, lumbar facet loading positive bilaterally, internal rotation of the femur resulted in deep buttock pain. The physician documented she is not using her SCS as she feels her pain is stable with medication management. At issue, is a request for authorization dated October 16, 2015, for Norco. A toxicology report dated June 23, 2015, is present in the medical record. According to utilization review dated October 21, 2015, the request for Norco 10-325mg #120 with (1) Refill was modified to Norco 10-325mg #62.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Weaning of Medications.

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 August 2001 related to computer and telephone headset use. She had a pre-injury history of a cervical spine fusion. In November 2001 a second cervical spine fusion was performed. She underwent a lumbar fusion in December 2001. She continues to be treated for chronic pain. A spinal cord stimulator was implanted in February 2011. When seen, medications are referenced as decreasing pain from 5/10 to 0/10. She was no longer using her spinal cord stimulator as she felt her pain was stable with her current medication management. Physical examination findings included a normal body mass index. She had an antalgic gait and was using a cane. There was decreased cervical and lumbar spine range of motion with paravertebral muscle tenderness. There was cervical paravertebral muscle hypertonicity. She had positive lumbar facet loading. Medications were continued including Norco which was being prescribed at a total MED (morphine equivalent dose) of 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 complete relief of the claimant's pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.