

Case Number:	CM15-0218949		
Date Assigned:	11/10/2015	Date of Injury:	09/01/2011
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/06/2015

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 44 year old male, who sustained an industrial injury on 9-1-2011. Diagnoses include lumbar disc displacement without myelopathy, chronic pain, depression with anxiety, and lumbar disc degeneration, status post lumbar fusion on 1-21-14. Treatments to date include activity modification, medication therapy, psychotherapy, completion of a functional restoration program, and epidural steroid injections. On 9-22-15, he complained of ongoing low back pain with radiation to left lower extremity associated with numbness and tingling and increasing signs of depression. Current medication included Norco, three to four tablets daily, with a reported 30-40% improvement in pain and increased ability to complete activities of daily life, prescribed for at least six months. Additional medications prescribed included Prilosec, Lidoderm 5% patch, Gabapentin, Prozac, Norflex ER, Ability, and Lorazepam. Urine drug studies were addressed and appropriate on 7-28-15. The physical examination documented lumbar tenderness with spasm and guarding, decreased range of motion, decreased sensation to left S1, and positive straight leg raise on the left. The plan of care included ongoing medication therapy. The appeal requested authorization for Hydrocodone-APAP 10-325mg #100. The Utilization Review dated 10-5-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/324mg, #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Chronic Pain subsection Opioids/medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2011 when, while working as a [REDACTED], a roll of [REDACTED] material fell from a forklift. He injured his low back. He underwent a lumbar decompression in December 2012 and lumbar fusion in January 2014. When seen in September 2015 he was having ongoing low back pain with left lower extremity radicular symptoms with numbness and tingling. He was having increasing symptoms of depression. He was continuing to take 3-4 Norco tablets per day. It was providing a 30-40% decrease in pain and allowing him to perform activities of daily living. Physical examination findings included lumbar paraspinal spasms with guarding. There was decreased left lower extremity sensation and positive straight leg raising. Medications were continued including Norco 10/325 mg #100. 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 decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations and the quantity being prescribed is consistent with that amount being taken. Continued prescribing was medically necessary.