

Case Number:	CM15-0220923		
Date Assigned:	11/16/2015	Date of Injury:	08/24/2007
Decision Date:	12/23/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/10/2015

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 61 year old female, who sustained an industrial-work injury on 8-24-07. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), spinal enthesopathy, lumbar radiculitis, displaced lumbar intervertebral disc, spinal stenosis and chronic pain syndrome. Treatment to date has included pain medication, Norco since at least 8-21-14, Voltaren, and Tylenol with codeine with intolerable side effects, Gabapentin, Baclofen, activity modifications, stretching exercise, heat, cold and other modalities. Medical records dated 3-19-15 indicates that the injured worker complains of chronic low back stabbing, burning, achy pain for years. There is occasional radiation of pain with numbness and tingling to the bilateral lower extremities (BLE) with spasm. She reports that with medications she has been able to continue working and be independent with activities of daily living (ADL) and household activities. Per the treating physician report dated 3-19-15 the injured worker has returned to work. The physical exam reveals that there is lumbar tenderness on the left with trigger points and taut bands noted. There is pain with lumbar range of motion. The physician recommends discontinuing Tylenol with Codeine and resuming Hydrocodone but a further tapered amount of 120 to continue the weaning process. The physician indicates that there is a pain contract in place and compliance and good efficacy with treatment. The records do not indicate least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The requested service included Retrospective request for Hydroco-Acet 5-325mg #30 (DOS: 06-30-15). The original Utilization review dated 10-16-15 non-certified the request for Retrospective request for Hydroco-Acet 5-325mg #30 (DOS: 06-30-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydroco/Acet 5/325mg #30 (DOS: 06/30/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, long-term assessment.

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 sustained a work injury in August 2007 and continues to be treated for chronic radiating back pain. In March 2015 medications included Tylenol #4 which was causing intolerable side effects. She wanted to try a lower potency opioid medication and continue to wean her medications. Physical examination findings included multilevel left lumbar tenderness with trigger points and taut muscle bands. There was pain with lumbar flexion and extension. Norco was prescribed. The total MED (morphine equivalent dose) was decreased from 45 mg per day to 25 mg per day. In June 2015 she had been able to wean Norco and was taking it four times per day. Norco 5/325 mg was continued. Medications are referenced as providing over a 50% benefit and allowing for independence with activities of daily living and continued ability to work. 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 was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing decreased pain and improved activities of daily living and the claimant was continuing to work. There is evidence of weaning to the lowest effective dose. Continued prescribing of Norco was medically necessary. However, the quantity being requested is in excess of reported use. For this reason, the request is not medically necessary.