

Case Number:	CM15-0043164		
Date Assigned:	03/13/2015	Date of Injury:	01/17/2002
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/07/2015

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 63-year-old male who sustained an industrial injury on 01/17/2002. Current diagnoses include status post posterior spine fusion and laminectomy L3-L5, lumbar flat back, and lumbar spinal stenosis with degenerative spondylolisthesis at L2-3. Previous treatments included medication management and lumbar fusion. Diagnostic studies included an MRI of the lumbar spine. Report dated 01/22/2015 noted that the injured worker presented with complaints that included ongoing low back pain and stiffness and weakness in the legs while walking. Physical examination was positive for abnormal findings. The treatment plan included planned surgical intervention and a prescription for Norco was refilled. The physician noted that there is a signed opioid contract on file and the injured worker underwent a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5-325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. Prior treatments have included a lumbar spine fusion. 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.