

Case Number:	CM15-0055813		
Date Assigned:	04/01/2015	Date of Injury:	08/11/2003
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/24/2015

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 was a 79 year old male, who sustained an industrial injury, August 11, 2003. The injured worker previously received the following treatments pain management, narcotic pain management, physical therapy acupuncture, chiropractic services, home exercise program, epidural injections, Kadian, Norco and Celebrex. The injured worker was diagnosed with internal derangement of the left shoulder, arthritis, spinal stenosis lumbar region without neurogenic claudication, degenerative lumbar and lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. According to progress note of December 23, 2014 the injured workers chief complaint was lower back pain and left shoulder pain. The injured worker described the pain as stabbing and sharp. The injured worker rated the pain at 2-3 out of 10 on a good day and 9 out of 10 on a bad day; 0 being no pain and 10 being the worst pain. The pain was 9 out of 10 without pain medication and 3 out of 10 with pain medication. The physical exam noted the upper body strength was normal. The injured worker had bilateral muscle spasms of the lumbar spine with normal posture. The treatment plan included a prescription renewal for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic low back pain and left shoulder pain. Medications included Norco and Kadian at a total MED (morphine equivalent dose) of 70 mg per day. The treating provider documents significant pain relief with medication use. 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 or addiction. 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.