

Case Number:	CM15-0062249		
Date Assigned:	04/08/2015	Date of Injury:	08/26/2009
Decision Date:	05/07/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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 56 year old female who sustained an industrial injury on 8/26/09, developing bilateral leg pain and burning sensation following bouncing up and down on her bus seat while at work. She had previous low back injury on the same job. She initially received conservative measures and then lumbar epidural steroid injection (11/11/09) without improvement. Of note, the injured worker had previous back related industrial injuries in 1988, 2000 and 2004. She currently complains of intermittent low back and right lower extremity pain with tingling in her foot. Her pain level is 1-2/10 with medications and 7-8/10 without medications. Medications help her in performing activities of daily living and increase exercise. Medications are Norco, benazepril, diclofenac, gabapentin. Diagnoses include thoracic/ lumbar neuritis/ radiculitis; lumbar disc displacement without myelopathy; lumbago. Treatments to date include home exercise, medications, epidural/transforaminal injections (2010), heating pad, ice packs, physical therapy. Diagnostics include bilateral epidurogram (11/13/13). In the progress note dated 3/19/15 the treating provider's plan of care includes refilling Norco. She uses it sparingly. She has reduction of pain and improved functionality from pain medications. There is no evidence of diversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

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

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 sustained a work-related injury in August 2009 and continues to be treated for low back pain with lower extremity radiating symptoms. Medications are reported as decreasing pain from 7-8/10 to 1-2/10. Norco is being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. 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 and there is excellent pain relief. 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 well below 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.