

Case Number:	CM15-0085905		
Date Assigned:	05/07/2015	Date of Injury:	11/26/2000
Decision Date:	06/11/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/05/2015

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:

This is a 48-year-old male with a November 26, 2000 date of injury. A progress note dated April 16, 2015 documents subjective findings (lower back pain; depression; average pain gets as high as 10/10, coming down to 8/10 at best) objective findings (no acute distress; walks slowly with a cane), and current diagnoses (lumbar discogenic pain; depression secondary to chronic pain). Treatments to date have included medications, magnetic resonance imaging of the lumbar spine (two studies, showing degenerative disc changes with disc height loss and annular tear at L4-L5, and degenerative disc at L5-S1), and physical therapy. The medical record identifies that medications help control the pain, and that it takes about twenty minutes for the medications to take effect, lasting between six and eight hours at a time. The treating physician documented a plan of care that included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2000. When seen, he was continuing to be treated for low back pain. The assessment references the claimant as doing well on his pain medication regimen. Percocet was being prescribed and a decrease in pain from 10/10 to 8/10. Physical examination findings included ambulating slowly with a cane. A prescription for Percocet 10/325 mg #90 was provided. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, Percocet was prescribed, not Norco, which was what was submitted on the request for authorization, signed by the requesting provider on 04/23/15. This request was not medically necessary.