

Case Number:	CM15-0087146		
Date Assigned:	05/11/2015	Date of Injury:	10/12/2012
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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 51-year-old female who sustained an industrial injury on October 12, 2012. Previous treatment includes left sacroiliac joint injection, medications, physical therapy, chiropractic therapy and massage therapy. Progress notes from November 4, 2014, December 2, 2014 and December 30, 2014 indicate the injured worker had continued low back pain and right hip pain. During each evaluation, she reported that her pain level had not changed since her previous visit and following each evaluation, she was continued on Norco 10/325 mg for pain relief. Currently the injured worker complains of low back pain and reports no improvement in her pain level. On physical examination, the injured worker had tenderness to palpation over the sacroiliac joint and tenderness to flexion at the ileolumbar region. Diagnoses associated with the request include Lumbar degenerative disc disease, lumbar spondylosis, chronic pain syndrome and left hip pain. The treatment plan includes Norco 10/325 mg #90, follow-up evaluation in one month and steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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 sustained a work injury in October 2000 and continues to be treated for low back and right hip pain. Physical examination findings included left upper trapezius and levator scapula tenderness and tenderness over the sacroiliac joint. She was having increasing pain and medications were not helping. Urine drug screening was performed to determine whether she was compliant with her medications. 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 but not providing any apparent benefit. Therefore, the continued prescribing of Norco was not medically necessary.