

Case Number:	CM15-0088158		
Date Assigned:	05/12/2015	Date of Injury:	02/12/2014
Decision Date:	06/12/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/07/2015

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 60 year old male, who sustained an industrial injury on February 12, 2014. He reported pain of the head, neck, shoulder, back, and ribs. The injured worker was diagnosed as having lumbar herniated nucleus pulposus with right lower extremity radiculopathy, right shoulder impingement syndrome, bilateral lateral epicondylitis, and reactionary depression/anxiety. Diagnostic studies to date have included MRI, x-rays, ultrasound, electrodiagnostic studies, and urine drug screening. Treatment to date has included psychotherapy, acupuncture, medications including oral opioid, topical pain, proton pump inhibitor, muscle relaxant, and non-steroidal anti-inflammatory. On March 27, 2015, the injured worker complains of ongoing, mostly low back pain. His pain is rated 7/10, which is manageable with his current medical regimen. He complains of continued bilateral elbow pain, depression, and anxiety. The physical exam revealed tenderness to palpation of the bilateral posterior lumbar musculature with increased muscle rigidity, tenderness of the lumbar paraspinal muscles with numerous trigger points, decreased lumbar range of motion with obvious muscle guarding, and decreased right Achilles deep tendon reflex. The motor testing of the bilateral lower extremities was normal except for the right ankle flexion (sacral 1) and right great toe (lumbar 5) were decreased. There was decreased sensation along the lateral thigh, lateral calf, and dorsum of the foot in the lumbar 5-sacral 1 distribution. There was point tenderness in the elbow lateral epicondyle region near the extensor tendon. The shoulders were non-tender, left shoulder range of motion was normal, and right shoulder range of motion was decreased. He is temporarily totally disabled. The treatment plan includes 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: Overturned

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.

Decision rationale: The claimant sustained a work-related injury in February 2014 and continues to be treated for back, shoulder, and elbow pain. Medications include Norco being taken 3 times per day and providing 40% pain relief last for 3-4 hours. 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 and it is providing pain relief. 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.