

Case Number:	CM15-0232487		
Date Assigned:	12/08/2015	Date of Injury:	12/21/2010
Decision Date:	01/15/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	11/25/2015

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 37 year old male, who sustained an industrial injury on December 21, 2010. The injured worker was diagnosed as having displacement of intervertebral disc site unspecified without myelopathy. Treatment and diagnostic studies to date has included medication regimen and home exercise program. In the progress note dated November 09, 2015 the treating physician reports complaints of an increase in symptoms to the lumbar spine to the left lower extremity. The examinations performed on November 09, 2015 and May 20, 2015 noted the examination to be as "otherwise non-focal." The progress notes on November 09, 2015 and May 20, 2015 did not include the injured worker's medication regimen and also did not include the injured worker's pain level as rated on a visual analog scale prior to use of his and after his medication regimen to indicate the effects of his medication regimen. On November 09, 2015 the treating physician requested Norco 5-325mg by mouth twice a day as needed with a quantity of 60 with refills, but did not indicate the specific reason for the requested medication. On November 16, 2015 the Utilization Review determined the request for Norco 5-325mg by mouth twice a day as needed with a quantity of 60 with refills unlisted to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg PO BID PRN #60 refill unlisted: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2010 while employed as a warehouse worker. He was seen by the requesting provider on 11/09/15 for routine follow-up. Current medications were not listed and VAS scores were not recorded. He had a recent increase in lumbar symptoms to the left lower extremity to the anterior thigh over the past two weeks. There had been no new trauma. Physical examination findings were that of a weight of 346 pounds. There was an otherwise nonfocal examination. Recommendations included continued weight loss, a home exercise program, heat, and medications. Norco 5/325 mg #60 was prescribed. Follow-up was planned in one year. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, VAS pain scores were not recorded and, if this was a medication refill, there was no documentation that this medication had provided decreased pain through documentation of VAS pain scores or an increased level of function or improved quality of life. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually and follow-up was not planned for 12 months. Prescribing Norco is not appropriate or medically necessary.