

Case Number:	CM15-0237842		
Date Assigned:	12/14/2015	Date of Injury:	12/20/2013
Decision Date:	01/21/2016	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	12/07/2015

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 58 year old female, who sustained an industrial injury on 12-20-13. The injured worker was diagnosed as having L5-S1 lumbar degenerative disc disease and L4-5 antero-spondylolisthesis. Treatment to date has included physical therapy, a back support, and medication including Gabapentin, Norco, Promolaxin, and Flexeril. The injured worker had been taking Norco since at least October 2015. Physical exam findings on 10-26-15 included low back pain with flexion and lateral flexion. Sensation and motor strength was noted to be intact. On 10-26-15, the injured worker complained of low back pain with radiation to both legs. The treating physician requested authorization for retrospective Norco 5-325mg #60 for the date of service 10-1-15. On 10-29-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 5/325mg, #60 (DOS 10/1/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 has a remote history of a work injury occurring in February 1997 when she had low back pain that radiated to the right leg. A CT scan of the lumbar spine and December 2013 showed multilevel degenerative disc disease with moderate to severe bilateral foraminal stenosis. An x-ray of the lumbar spine in April 2014 showed findings of Grade I anterolisthesis at L4/5 and moderate L5/S1 degenerative disc disease. When seen in October 2015 she was requesting refills of all four medications. An epidural injection had been approved but placed on hold due to her cardiac condition. She was continuing to have pain radiating into both legs. Physical examination findings included an elevated blood pressure. She was moderately overweight. She had massive bilateral pitting edema, which was unchanged. She had midline and bilateral lumbar tenderness. There was slightly increased muscle tone. She had decreased lumbar range of motion and moved cautiously. She was ambulating with a cane. Gabapentin, Norco, Prilosec, and Flexeril were continued. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.