

Case Number:	CM15-0243809		
Date Assigned:	12/23/2015	Date of Injury:	08/30/2011
Decision Date:	01/29/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/15/2015

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 45-year-old man sustained an industrial injury on 8-30-2011. Diagnoses include status post lumbosacral surgeries, right thigh dysesthesia, persistent retrolisthesis, high sacral angle, and peripheral neuropathy. Treatment has included oral medications including Norco (since at least 5-2015) and Motrin and surgical intervention. Physician notes dated 10-28-2015 showed complaints of low back pain rated 7 out of 10. The physical examination shows restricted range of motion. Recommendations include Norco and follow up in six weeks. Utilization Review denied a request for Norco on 11-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 August 2011 and underwent an L4/5 and L5/S1 lumbar laminectomy and discectomy in May 2014. In October 2015, there had been a 75% improvement in leg pain without improvement in low back pain. He had pain rated at 7/10. He was taking Norco 10/325 mg four times per day and Motrin once per day. Physical examination findings included decreased range of motion with a normal neurological examination. The assessment references persistent retrolisthesis. Norco 10/325 mg #120 was requested. 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.