

Case Number:	CM14-0102552		
Date Assigned:	07/30/2014	Date of Injury:	04/08/2005
Decision Date:	05/29/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/02/2014

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 male, with a reported date of injury of 04/08/2005. The diagnoses include chronic pain syndrome, lumbar radiculitis, lumbar degenerative disc disease, myalgia, bilateral shoulder pain, and low back pain. Treatments to date have included physical therapy, oral medications, urine drug screens, and topical pain medications. The progress report dated 06/12/2014 indicates that the injured worker had low back and right shoulder pain. It was noted that he continued to find his medications helpful and well-tolerated. The injured worker only took Norco for his severe pain, and tried to limit it to one to two a day. He was able to do more around the house with the help of his medications. The injured worker also had numbness in his right leg, low back, and left upper extremity, and burning in his right foot. He rated his pain 8-10 out of 10 without medications, and 4-6 out of 10 with medications. His pain was unchanged since his last appointment. A physical examination of the lumbar spine showed decreased sensation over the right lower extremity, pain free to palpation of the sciatic notches, non-tender sacroiliac joints, tenderness over the bilateral L5-S1 lumbar paraspinals, pain with lumbar flexion and extension, and positive right straight leg raise test. The treating physician requested Norco 10/325mg #60. It was noted that the injured worker continued to feel that the opioids helped control his pain and increased function. He felt that he could perform increased activities of daily living with his medications. The injured worker had a signed opioid contract with the physician's office. The treating physician noted that the injured worker required opioid therapy. The clinical history, physical exam, imaging, and diagnostic studies suggested that the

injured worker's pain was a combination of nociceptive and neuropathic pain. His pain was moderate to severe in intensity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Norco 10/325 Mg #60 DOS 6/12/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

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 is more than 10 years status post work-related injury and continues to be treated for chronic shoulder and low back pain. When seen, medications are referenced as decreasing pain from 8-9/10 to 4-6/10 and allowing for improved function including being able to perform household activities. Norco was being taken when the claimant was having severe pain. Norco and Tramadol were being prescribed at a total MED (morphine equivalent dose) of 60 mg per day. 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 the requesting provider documents both decreased pain and improvement in function. 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.