

Case Number:	CM14-0208402		
Date Assigned:	12/22/2014	Date of Injury:	12/16/1991
Decision Date:	02/17/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with a history of chronic low back pain, lumbar spasm, pain in thoracic spine, and lumbago. Date of injury was December 16, 1991. The primary treating physician's progress report dated November 19, 2014 documented that the patient had an industrial injury on December 16, 1991 and who is reporting persistent symptoms of low back pain related to that injury. The injury occurred while working. The patient needed to manage an unruly person and the patient went down on his knees causing the injury to the back and knees. He current walks a couple of miles daily and rides his bike about three hours each week, performs yard work, keeps active. Physical examination was documented. Patient is alert, cooperative. No depression or anxiety is noted. Cervical spine and lumbar mobility is normal. He has normal strength and mobility of the extremities. Straight leg raise test is negative bilaterally. Gait is normal. Transfers are normal. Diagnoses were chronic low back pain, lumbar spasm, pain in thoracic spine, and lumbago. Treatment plan was documented. Three prescriptions of Norco 10/325 mg with a quantity of ninety tablets for each prescription were written on November 19, 2014. The total quantity of Norco tablets prescribed on November 19, 2014 was 270 tablets of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. The primary treating physician's progress report dated November 19, 2014 documented a physical examination. Cervical spine and lumbar mobility was normal. He had normal strength and mobility of the extremities. Straight leg raise test was negative bilaterally. Gait was normal. Transfers were normal. No tenderness was documented on the physical examination. Three prescriptions of ninety tablets of Norco 10/325 mg, which total 270 tablets of Norco, were written on November 19, 2014. Norco is a schedule II Hydrocodone combination product. Per MTUS, the lowest possible dose of opioid should be prescribed, with frequent and regular review and re-evaluation. No abnormal findings were demonstrated on the physical examination on November 19, 2014. The request for Norco 10/325 mg is not supported by MTUS and ACOEM guidelines. Therefore, the request for Norco 10/325mg #180 is not medically necessary.