

Case Number:	CM15-0105351		
Date Assigned:	06/09/2015	Date of Injury:	01/22/2014
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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 51 year old male sustained an industrial injury on 1/22/14. He subsequently reported back pain. Diagnoses include chronic low back pain and degenerative disc disease. Treatments to date include x-ray and MRI testing, knee surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience headaches, low back and right knee pain. Upon examination, there is lumbar tenderness, decreased right lower extremity strength, decreased right L3-S1 dermatomal sensation and positive straight leg raising test on the right. A request for Norco medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for low back pain with right lower extremity radiculopathy. When seen, there had been no improvement after an epidural injection. Physical examination findings included decreased right lower extremity strength and sensation and positive straight leg raising. Right lower extremity reflexes were decreased. Axial loading was positive. There was decreased lumbar spine range of motion with muscle spasms. Norco was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. 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. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.