

Case Number:	CM15-0106591		
Date Assigned:	06/05/2015	Date of Injury:	05/31/2011
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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 35 year old male injured worker suffered an industrial injury on 05/31/2011. The diagnoses included lumbar fusion and arthrodesis, right lower extremity weakness with foot drop, ankle/foot orthosis with motor deficit and ambulatory dysfunction ab bilateral lumbar radiculopathy. The diagnostics included lumbar x-rays and electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with physical therapy and medications. On 3/10/2015, the treating provider reported he had more sensations in the right calf, ankle and foot with some improvement in his toes after the surgery. The leg pain was an achy, soreness type of pain. He had residual right buttock pain with diminished sensations on the right leg. The treatment plan included Norco and Oxy IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short acting opioids.

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

Decision rationale: The claimant sustained a work injury in May 2011 and underwent a multilevel anterior and posterior lumbar spine fusion in December 2014. When seen, he was doing well. He was having back pain rated at 8-9/10. He was no longer having radiating leg symptoms. Physical examination findings included a right foot drop. There was decreased right lower extremity strength and sensation. There was a broad based gait. He had decreased lumbar spine range of motion. Medications being prescribed included Norco and OxyIR at a Total MED (morphine equivalent dose) of less than 120 mg per day. Medication weaning was being planned. 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 at this dose was not medically necessary.

Oxy IR #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pain treatment agreement.

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

Decision rationale: The claimant sustained a work injury in May 2011 and underwent a multilevel anterior and posterior lumbar spine fusion in December 2014. When seen, he was doing well. He was having back pain rated at 8-9/10. He was no longer having radiating leg symptoms. Physical examination findings included a right foot drop. There was decreased right lower extremity strength and sensation. There was a broad based gait. He had decreased lumbar spine range of motion. Medications being prescribed included Norco and OxyIR at a Total MED (morphine equivalent dose) of less than 120 mg per day. Medication weaning was being planned. OxyIR is a short acting 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 OxyIR at this dose was not medically necessary.