

Case Number:	CM15-0010088		
Date Assigned:	01/27/2015	Date of Injury:	09/07/1998
Decision Date:	07/21/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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 injured worker is a 69 year old male, who sustained an industrial injury on 09/07/1998. On provider visit dated 11/11/2014 the injured worker has reported low back pain that radiates to lower extremities. On examination of the tenderness along the lumbosacral area, weakness to quadriceps function as well as knee extension and foot extension with some sensory deficits in the left lower extremity was noted. Slight antalgic gait was noted. The diagnoses have included discogenic lumbar condition in radicular component down the left lower extremity; due to chronic pain, the injured worker was noted to have an element of sleep, stress and depression. Treatment to date has included back brace, hot and cold wrap, H-wave, TENS unit and medication. The provider requested Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Subsection under Opioids / Medications.

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 has a remote history of a work injury occurring in September 1998 and continues to be treated for radiating low back pain. There was when seen, he was requesting a refill of medications. He had decreased lumbar spine range of motion. There was a slightly antalgic gait. He had decreased left lower extremity strength and sensation. Norco was prescribed at a total MED (morphine equivalent dose) of less than 65 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 is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.