

Case Number:	CM15-0110852		
Date Assigned:	06/19/2015	Date of Injury:	05/19/2013
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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 year 37 old male who sustained an industrial injury on 5/19/13. Diagnoses are lumbar degenerative disc disease and low back pain. In a progress report dated 4/27/15, the treating physician notes the injured worker continues to complain of low back pain and constant stiffness. Pain has remained the same since the last appointment. He has had some relief with Norco 10/325, which he is out of. He is working, doing office work but continues to have stiffness and pain which has been stressful. He cannot do any heavy lifting and has moderate limitations with household work and playing with his kids and severe limitations with exercising. Exam notes range of motion of forward flexion to touch fingers to the floor gets to about 12 inches from the floor. Lateral bending left and right extension are 50% decreased. He reports that he tried the H-wave at physical therapy and has noticed some relief. The treatment plan is for a 30 day trial of an H-Wave machine and renewal of Norco 10/325 #180 1 four times a day as needed for pain. Work status is light duty capacity, working in the office. The treatment requested is Norco 10/325mg #180.

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 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: The claimant sustained a work injury in May 2013 and continues to be treated for low back pain. When seen, he was having constant stiffness. His pain had remained the same. He had noted some relief when taking Norco which he had run out of. He had returned to light duty work. He was having limitations with household work, exercising, and performing household activities. There was decreased lumbar spine range of motion. Norco was refilled. 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 by VAS pain scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.