

Case Number:	CM15-0111954		
Date Assigned:	06/18/2015	Date of Injury:	09/11/2007
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/10/2015

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 52-year-old male who sustained a work related injury September 11, 2007. According to a primary treating physician's re-evaluation, dated April 23, 2015, the injured worker presented with complaints of continued low back pain, described as aching on the right, right buttock, and right lower extremity. He utilizes H-wave and TENS unit along with his medication. The pain is rated 7/10 without medication and 6/10 with medication. He reports his medication is helpful in reducing pain and is well tolerated. He is taking Flexeril for acute flare-ups of muscle spasms, Norco for severe pain, Naproxen for inflammation, Omeprazole for gastrointestinal upset from chronic NSAID (non-steroidal anti-inflammatory drugs) use, Trazodone for difficulty sleeping due to chronic pain, and Gabapentin for neuropathic pain. He also reports he is able to walk longer, assist with housework, sleep better, and is more social due to the medication. Impressions are low back pain radiating to right leg; lumbar radiculopathy; lumbar degenerative disc disease. Treatment plan included continuing with home exercise program, follow-up with second opinion of the lumbar spine, and awaiting appeal of epidural steroid injection. At issue, is the request for authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (Rx 4/23/15) Qty: 120. 00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78, 80, 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*, 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in September 2007 and continues to be treated for low back and right lower extremity pain. Medications are referenced as decreasing pain from 8/10 to 6-7/10 and allowing for completion of activities of daily living with improved sleep and quality of life. When seen, there was positive right straight leg raising. There was lumbar spine tenderness and pain with range of motion. He had decreased right lower extremity strength and sensation. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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. There are no identified issues of abuse or addiction and medications are providing a degree of pain control significant to the claimant and allowing for improved function and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.