

Case Number:	CM15-0118236		
Date Assigned:	06/26/2015	Date of Injury:	10/14/2009
Decision Date:	07/27/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/18/2015

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 (n) 42 year old male, who sustained an industrial injury on 10/14/09. He reported pain in his lower back. The injured worker was diagnosed as having low back pain. Treatment to date has included physical therapy, acupuncture, an EMG/NCV of the lower extremities and a lumbar MRI. Current medications include Colace and Norco since at least 6/3/14. The drug screen on 11/18/14 was consistent with prescribed medications. As of the PR2 dated 6/2/15, the injured worker reports ongoing low back pain. He rates his pain a 6/10 without medications and a 2/10 with medications. The medication takes about 30 minutes to take effect and lasts between 3 and 4 hours. He is also able to work full-time and complete yard work and household chores. The treating physician requested 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 10/325 mg Qty 180: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in October 2009 and continues to be treated for low back pain. Medications are referenced as decreasing pain from 6/10 to 2/10 and allowing for continued work and household activities. When seen, there was improved lumbar range of motion with decreased muscle spasms. Prior urine drug screening testing had been consistent with his prescribed medications. Norco was prescribed at a total MED (morphine equivalent dose) of 30 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 pain control and improved function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.