

Case Number:	CM15-0121623		
Date Assigned:	07/02/2015	Date of Injury:	06/06/1996
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/23/2015

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 58 year old male, who sustained an industrial injury on 6/6/1996. The mechanism of injury was moving boxes and files. The injured worker was diagnosed as having lumbar degenerative disc disease, cervical post fusion syndrome and muscle spasm. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. In a progress note dated 6/5/2015, the injured worker complains of increased low back pain. Physical examination showed wide gait and normal posture. The treating physician is requesting Norco 10 mg 325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg 325mg tablet #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On-Going Management Page(s): 78.

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-related injury and continues to be treated for chronic low back pain. When seen, there had been good pain control with a reduced use of Duragesic and hydrocodone. These medications were providing 50% pain relief. There was a wide based gait. The claimant was noted to be obese. He was anxious. Norco and Duragesic were prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. 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. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.