

Case Number:	CM15-0123038		
Date Assigned:	07/07/2015	Date of Injury:	06/15/2004
Decision Date:	07/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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 was a 45-year-old male, who sustained an industrial injury, June 15, 2004. The injured worker previously received the following treatments Norco, Gabapentin, Cymbalta, Oxycodone, Viagra, Soma and Lunesta, lumbar spine MRI on April 27, 2015, previous surgery 2007 and Elavil. The injured worker was diagnosed with updated lumbar spine MRI showed interbody fusion for L3-S1, at L5-S1 the disc was very degenerated and with broad-based disc protrusion and was causing moderate spinal stenosis and abscess infection of the posterior thigh. According to progress note of June 1, 2015, the injured worker's chief complaint was ongoing increased pain that was non-radiating over the surgical incision. The injured worker continued to do well with Norco and Oxycontin. The physical exam noted the injured worker was moving slowly. There was decreased range of motion in all planes. According to the progress noted of April 6, 2015, the injured worker had decreased the Norco from 8 per day to 6 per day and the injured worker was struggling with that. The treatment plan included remaining prescription for Norco.

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 (retrospective DOS 6/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP; Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for use of Opioids.

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

Decision rationale: The claimant sustained a worker injury in June 2004 and continues to be treated for back pain. He underwent a spinal fusion in 2008. When seen, he was having non-radiating increasing pain over the surgical incision. He had decreased range of motion and was moving slowly. Medications included OxyContin and Norco being prescribed at a total MED (morphine equivalent dose) of 195 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.