

Case Number:	CM15-0170181		
Date Assigned:	09/10/2015	Date of Injury:	04/05/2013
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/28/2015

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 37 year old male, who sustained an industrial injury on April 05, 2013. The injured worker was diagnosed as having lumbosacral neuritis not otherwise specified, lumbar and lumbosacral degenerative disc disease, lumbar radiculopathy, depression, anxiety, and lumbar pain. Treatment and diagnostic studies to date has included chiropractic therapy, magnetic resonance imaging of the lumbar spine, five epidurals, and medication regimen. In a progress note dated June 02, 2015 the treating anesthesiologist reports a flare up of back and lower extremity symptoms. Examination reveals tenderness and spasm to the lumbar spine along with decreased range of motion to the lumbar spine. The injured worker's medication regimen has included the medications of Norco and Soma since at least February of 2015. The injured worker's medication regimen allows him to perform some of his activities of daily living by alleviating some of the injured worker's symptoms, but the documentation did not indicate the injured worker's current pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Documentation from May 05, 2015 noted the injured worker's pain level to be 8 out of 10, but did not indicate the injured worker's pain level prior to the use of his medication regimen and after the use of his medication regimen. On July 13, 2015 the treating chiropractor noted that the injured worker has recently had his fifth epidural and noted that the epidural had significantly benefited the injured worker, but the documentation did not indicate if the injured worker had any functional improvement in activities of daily living with recent epidural. On June 02, 2015 the treating physician requested Norco tablets 10-325mg with

a quantity of 120 noting that the use of this medication provides relief allowing the injured worker to perform some activities of daily living. On August 06, 2015 the Utilization Review determined the request for Norco tablets 10-325mg with a quantity of 120 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco TAB 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in April 2013 and is being treated for chronic radiating low back pain. In May 2015 medications were Soma and Norco. A fifth epidural steroid injection is reported as being a big benefit. When seen, there was decreased lumbar range of motion with negative straight leg raising. 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 with documentation of VAS scores, an increased level of function, or improved quality of life. Continued prescribing is not medically necessary.