MAXIMUS Federal Services

Case Number:	CM15-0170600		
Date Assigned:	09/11/2015	Date of Injury:	03/06/2010
Decision Date:	10/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/31/2015

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 (IW) is a 61 year old male who sustained an industrial injury on 03-06-2010. He reported injury to the lumbar spine. The injured worker was diagnosed as having lumbar strain-sprain, multi-level disc protrusion, and a right L5 radiculopathy. Treatment to date has included Norco, Naprosyn and epidural steroid injections. Currently, the injured worker complains of pain in the low back that radiates down the right leg to the great toe. The pain increases when driving. He also complains of increased pain in the left side of the low back. Objectively, there is spasm and tenderness in the left para lumbars with decreased range of motion and a positive right straight leg raise. The worker has a positive limp on the right side. The treatment plan included requesting labs in preparation for a lumbar epidural steroid injection. The practitioner also plans to continue Norco and Naproxen. According to provider notes, the worker uses the Norco on a as needed basis with 50% pain relief with improved sleep. He uses less than one tablet of Norco daily. The worker also has complaint of right shoulder pain situation post right shoulder arthroscopy and a Mumford procedure, and a right knee ACL tear and pre-patellar bursitis situation post arthroscopy right knee and ACL reconstruction. These issues are from a later date of injury, and are in addition to the 03-06-2010 injury to the low back. A request for authorization was submitted for Labs: FBS, HBA1C, and Norco 10/325mg #30. A utilization review decision (08-03-2015) certified the request for labs, and modified the Norco 10/325mg #30, to certify Norco 10/325mg # 15 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS 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 March 2010 and is being treated for radiating low back pain into the right lower extremity. Norco and Naprosyn have been prescribed since at least January 2015. When requested, there was pain radiating to the right first toe, increased with driving. Physical examination findings included decreased lumbar range of motion with tenderness and spasms. Right straight leg raising was positive. There was decreased right lower extremity strength and an absent ankle reflex. A repeat lumbar epidural steroid injection was being considered. Medications were refilled. 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 were no identified issues of abuse or addiction and the total MED is less than 120 mg per day, when this request was submitted, there was no documentation that this medication was providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.