

Case Number:	CM15-0173363		
Date Assigned:	09/15/2015	Date of Injury:	04/20/2006
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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 64 year old, male who sustained a work related injury on 4-20-06. The diagnoses have included lumbar postlaminectomy syndrome, chronic pain syndrome, lumbar disc displacement with radiculitis, lumbosacral spondylosis without myelopathy and adjustment disorder with mixed anxiety and depressed mood. Treatments have included diagnostic lumbar medial branch blocks (no relief), lumbar transforaminal epidural corticosteroid injection (no relief), lumbar surgery (1-17-09), aqua therapy (some relief), physical therapy (no relief), chiropractor treatments (no relief), home exercise program and psychotherapy. Current medications include Norco and Lunesta. Past medications included Cymbalta, Ultram, Ibuprofen, Skelaxin, Flexeril, fentanyl, Celebrex and Tramadol. The provider had a discussion with the injured worker that they would "continue to taper his Norco by 10 per month." He rates his worst pain an 8-9 out of 10. He rates his least pain an 8 out of 10. He reports his pain is "worse." In the progress notes dated 8-6-15, the injured worker reports low back pain associated with numbness and tingling in the left leg and left foot. "Previous EMG nerve conduction study showed L5-S1 radiculopathy." No physical exam was performed. He is not working. The treatment plan includes a tapering dose of Norco. The Utilization Review, dated 8-19-15, non-certified Norco 10-325mg #60 due to not meeting CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg #60: 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): Weaning of Medications.

Decision rationale: The claimant sustained a work injury in April 2006 and is being treated for radiating low back pain with a diagnosis of post-laminectomy syndrome. When seen, he was unable to demonstrate performance of home exercises due to pain. A spinal cord stimulator was being considered. Physical examination findings included a BMI of over 28. Norco was being tapered by 10 tablets per month and was prescribed at a dose of 10/325 mg #80 in July 2015 and #70 in August 2015. Prescriptions were written for the next three months. Guidelines address the weaning of opioid medication. A slow taper is recommended and the longer the patient has taken opioids, the more difficult they are to taper. A suggested taper is 10% every 2 to 4 weeks. In this case, the planned taper is appropriate and prescriptions for #60 in September 2015, #50 in October 2015, and #40 in November 2015 would be expected. However, an additional prescription for #60 for August 2015 was provided. This prescription was not medical necessity as it had already been generated at the prior visit in July 2015. The remaining prescriptions for September 2015 and October 2015 were appropriate and were medically necessary.

Prescription of Norco 10/325mg #60 DNFB 9/3/15: Overturned

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): Weaning of Medications.

Decision rationale: The claimant sustained a work injury in April 2006 and is being treated for radiating low back pain with a diagnosis of post-laminectomy syndrome. When seen, he was unable to demonstrate performance of home exercises due to pain. A spinal cord stimulator was being considered. Physical examination findings included a BMI of over 28. Norco was being tapered by 10 tablets per month and was prescribed at a dose of 10/325 mg #80 in July 2015 and #70 in August 2015. Prescriptions were written for the next three months. Guidelines address the weaning of opioid medication. A slow taper is recommended and the longer the patient has taken opioids, the more difficult they are to taper. A suggested taper is 10% every 2 to 4 weeks. In this case, the planned taper is appropriate and prescriptions for #60 in September 2015, #50 in October 2015, and #40 in November 2015 would be expected. However, an additional prescription for #60 for August 2015 was provided. This prescription was not medical necessity as it had already been generated at the prior visit in July 2015. The remaining prescriptions for September 2015 and October 2015 were appropriate and were medically necessary.

Prescription of Norco 10/325mg #50 DNFB 10/2/15: Overturned

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): Weaning of Medications.

Decision rationale: The claimant sustained a work injury in April 2006 and is being treated for radiating low back pain with a diagnosis of post-laminectomy syndrome. When seen, he was unable to demonstrate performance of home exercises due to pain. A spinal cord stimulator was being considered. Physical examination findings included a BMI of over 28. Norco was being tapered by 10 tablets per month and was prescribed at a dose of 10/325 mg #80 in July 2015 and #70 in August 2015. Prescriptions were written for the next three months. Guidelines address the weaning of opioid medication. A slow taper is recommended and the longer the patient has taken opioids, the more difficult they are to taper. A suggested taper is 10% every 2 to 4 weeks. In this case, the planned taper is appropriate and prescriptions for #60 in September 2015, #50 in October 2015, and #40 in November 2015 would be expected. However, an additional prescription for #60 for August 2015 was provided. This prescription was not medical necessity as it had already been generated at the prior visit in July 2015. The remaining prescriptions for September 2015 and October 2015 were appropriate and were medically necessary.