

Case Number:	CM15-0173986		
Date Assigned:	09/15/2015	Date of Injury:	08/27/2001
Decision Date:	10/15/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/03/2015

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 an 80 year old female, who sustained an industrial injury on August 27, 2001. She reported neck pain and low back pain. The injured worker was diagnosed as having post lumbar laminectomy syndrome, low back pain, mood disorder and post cervical laminectomy syndrome. Treatment to date has included diagnostic studies, medications, surgical intervention of the low back and neck and activity restriction. Currently, the injured worker continues to report neck pain and low back pain. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. She was treated surgically without complete resolution of the pain. Evaluation on April 27, 2015, revealed continued neck pain as noted. She rated her pain at 1 with the use of medications and at 10 without the use of medications on a 1-10 scale with 10 being the worst. It was noted she was taking her medications as prescribed with no side effects noted. She was noted to have an antalgic gait and to use a cane for ambulation. Cervical range of motion was noted as limited with flexion at 40 degrees and extension at 25 degrees. Low back range of motion was also noted as decreased with flexion at 60 degrees and extension at 15 degrees. It was noted she deferred a caudal injection but that she may consider physical therapy in the future. It was noted she tried to taper Norco in the past and experienced nausea, shakiness and a rapid increase in pain however it was noted at the time the medication was prescribed she was taking 6 per day and she is currently taking 4 per day. She reported Ambien caused hallucinations and Lidoderm patches were ineffective. Medications were continued. Evaluation on August 18, 2015, revealed continued pain as noted. She rated her pain at 5 with the use of medications and at 9 without the use of medications on a 1-10 scale with 10

being the worst. The RFA included requests for Norco 10/325mg #120 with 1 refill and was modified on the utilization review (UR) on August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: 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): Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury in August 2001 and is being treated for chronic neck and low back pain with diagnoses including post-laminectomy syndrome of the cervical and lumbar spine. She is using a spinal cord stimulator. Medications are referenced as decreasing pain from 9/10 to 5/10. When seen, her activity level was unchanged. There was a normal BMI. There was an antalgic gait with use of a cane. There was restricted spinal range of motion with muscle tenderness. Lumbar facet loading was positive. 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 decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.