

Case Number:	CM15-0174811		
Date Assigned:	09/16/2015	Date of Injury:	12/21/2012
Decision Date:	10/28/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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 40 year old male who sustained an industrial injury on 12-21-2012. According to a progress report dated 08-14-2015, the injured worker was seen for lower backache. Pain was rated 5 on a scale of 1-10 with medications and 7 without medications. There were no side-effects. Quality of sleep was poor. Activity level remained the same. Current medications included Ibuprofen, Norco, Zanaflex and Hydrochlorothiazide. Diagnoses included lumbar radiculopathy and backache not otherwise specified. Lumbar disc herniation status post L4-% microdiscectomy on 12-16-2013 was noted. The provider noted that the injured worker continued to tolerate walking his dog in the morning for up to 30 minutes and with medications could walk for longer periods with less pain. He could perform household tasks with less pain. The injured worker reported that Zanaflex 4 mg had not been as helpful and wished to increase due to active muscle spasms in the afternoon. Zanaflex was increased to three times a day. The treatment plan included Norco 3 per day for pain control, Ibuprofen and Zanaflex. Consideration would be made in the future for spinal cord stimulator trial. The provider noted that a signed opiate agreement was on file. Work status was per med legal evaluator. A urine toxicology report dated 03-06-2015 was submitted for review and was positive for Hydrocodone, Norhydrocodone and Hydromorphone. A urine drug screen report dated 06-12-2015 was positive for opiates and benzodiazepines. Records submitted for review dated back to February 2015 and shows long term use of Norco. An authorization request dated 08-19-2015 was submitted for review. The requested services included Norco 10-325 mg 1 three times a day as needed quantity 90, Ibuprofen 600 mg 1 three times a day as needed for pain quantity 90 and

Zanaflex 6 mg 1 three times a day as needed quantity 90. On 08-27-2015, Utilization Review certified Norco 10-325 mg #45 to allow weaning to off over the next two to three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for chronic back pain. Medications are referenced as decreasing pain from 8/10 to 5/10. When seen, his BMI was over 34. There was a slow antalgic gait without use of an assistive device. There was decreased and painful lumbar spine range of motion with positive facet loading and positive right straight leg raising. There was decreased lower extremity strength and left lower extremity sensation. Authorization was requested for Norco. It had been prescribed at a total MED (morphine equivalent dose) of 30 mg per day. The medication had been denied. The claimant was given two prescriptions for Norco, with one prescription to be paid for out-of-pocket. 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 was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing decreased pain. The total MED was less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary. The provider's intention is to continue to allow access to this medication at what has been an effective dose. It would have been more appropriate to have continued the claimant's prior Norco prescription. Regardless, ongoing prescribing is medically necessary.