

Case Number:	CM15-0177141		
Date Assigned:	09/17/2015	Date of Injury:	04/20/2001
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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 47 year old male, who sustained an industrial injury on April 20, 2001. The injured worker was diagnosed as having lumbar spondylosis and lumbar facets syndrome. Treatment and diagnostic studies to date has included physical therapy, chiropractic therapy, medication regimen, lumbar radiofrequency neurotomy, home exercise program, magnetic resonance imaging of the lumbar spine, laboratory studies, and lumbar epidural steroid injection. In a progress note dated August 19, 2015 the treating physician reports complaints of stabbing, throbbing, aching pain to the lower back that radiates to the buttocks and hip along with back spasms and stiffness. The examination August 19, 2015 revealed spasms to the lumbar three to five paralumbar region, tenderness to the lumbar spine, and decreased range of motion to the lumbar spine. The progress note from August 19, 2015 noted the injured worker's current medication regimen included Norco and Ibuprofen. The medical records provided noted that the injured worker has been on the medication Norco since at least June of 2012 and the medication Ibuprofen since at least March of 2014. On August 19, 2015 and June 23, 2015, the injured worker's pain level was rated a 6 out of 10 with use of his medication regimen. On August 19, 2015 the injured worker noted that his medication regimen "helped him to function and return back to work fulltime." On August 19, 2015, the treating physician requested the medication Norco 10-325mg with a quantity of 180, noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2001 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain to 6/10 and allowing him to function and continue working at full-time modified work as a dispatcher. When seen, there was decreased spinal range of motion with multilevel paraspinal muscle spasms. Ibuprofen and Norco were prescribed. The total MED (morphine equivalent dose) was 60 mg per day. Prior medications had included methadone and Norco at an MED of over 300 mg per day. 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 pain control and allowing him to continue to work. The total MED is now less than 120 mg per day consistent with guideline recommendations and with a history of weaning to the lowest effective dose. Continued prescribing was medically necessary.