

Case Number:	CM15-0177595		
Date Assigned:	09/18/2015	Date of Injury:	12/03/2009
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
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 63 year old male, who sustained an industrial injury on December 3, 2009. Medical records indicate that the injured worker is undergoing treatment for lumbar bulging discs with radiculopathy, lumbar spine sprain-strain and bilateral plantar fasciitis. The injured worker was noted to be permanent and stationary and is retired. Current documentation dated August 4, 2015 notes that the injured worker reported low back pain with occasional pain in the left leg and bilateral feet. The pain was rated 4 out of 10 with medications and 8 out of 10 without medications on the visual analogue scale. Examination of the lumbar spine revealed a decreased range of motion. The injured worker noted functional improvement and pain improvement with the current medication regime. He noted functional improvement in activities of daily living, as well as an increased ability to sit, stand, walk and perform light housework and yard work. The injured worker is able to lift 25 pounds with the use of Norco and less than 5 pounds without the use of Norco. Subsequent documentation dated 4-13-2015 notes the injured workers pain levels to be 4-5 out of 10 and on 3-4-2105 3 out of 10 with medications. Treatment and evaluation to date has included medications, home exercise program and a MRI of the lumbar spine. Documentation dated 4-13-2015 states that the MRI of the lumbar spine (2-11-2014) revealed posterior lumbar disc bulges with central canal narrowing, facet hypertrophy bilaterally and neuroforaminal narrowing. Current medications include Lipitor, Metoprolol and Norco (since at least March of 2015). Current requested treatments include a request for Norco 10-325 mg # 75. The Utilization Review documentation dated August 14, 2015 non-certified the request for Norco 10-325 mg # 75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: 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 2009 and is being treated for low back pain with occasional left lower extremity and bilateral foot pain. Medications are referenced as decreasing pain from 8/10 to 4/10 with improved activity tolerance for sitting, standing, walking, and ads. When seen, there was decreased lumbar range of motion. His weight was 240 pounds. Norco was being prescribed at a total MED (morphine equivalent dose) of an average of 25 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 currently providing decreased pain and improved activities of daily living and activity tolerance with specific examples provided. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.