

Case Number:	CM15-0178194		
Date Assigned:	09/18/2015	Date of Injury:	01/27/1981
Decision Date:	10/21/2015	UR Denial Date:	09/01/2015
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 70 year old male who sustained an industrial injury on 01-27-1981. Medical records indicate the worker is being treated for lumbosacral spondylosis without myelopathy, spinal stenosis of the lumbar region, lumbago, thoracic or lumbosacral neuritis or radiculitis, and acquired spondylolisthesis. Treatment to date has included cervical laminectomy (07-15-2010), back surgery (01-21-1990), shoulder surgery (04-20-2000), and spine surgery (anterior cervical discectomy and fusion 2013), and Norco for pain. In the provider notes of 08-24-2015, the injured worker complains of low back and left leg pain. On examination, with exception of the lumbar spine, examination of the head and neck, spine, and all four extremities reveals no tenderness, masses or swelling. Range of motion is within normal limits without pain or crepitis, muscle strength and tone is normal. He has bilateral lower extremity antalgic gait. His plan of care included continuation of physical therapy. A request for authorization was submitted 08-27-2015 for Norco 10/325mg, #180. A utilization review decision 09-01-2015 modified the request to Norco 10/325mg # 90 pills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: 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): Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1981 and continues to be treated for radiating low back pain. When seen, pain was rated at 7/10. He was having symptoms reported as alleviating by Norco, physical therapy, and rest. Physical examination findings included a BMI of over 41. There was an antalgic gait. Additional physical therapy treatments were requested. Norco was being prescribed and was refilled at a total MED (morphine equivalent dose) of 60 mg per day. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is independently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.