

Case Number:	CM15-0178315		
Date Assigned:	09/18/2015	Date of Injury:	03/27/2014
Decision Date:	10/22/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/10/2015

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 33 year old male, who sustained an industrial injury on March 27, 2014. On August 20, 2015, the injured worker was evaluated. He reported continued low back pain with radiation of burning, numbness and tingling along the lateral aspect of the right thigh. He reported that his pain increased with bending, lifting and prolonged sitting or standing. He reported tightness in the muscles in his back. His pain improved with position changes, stretching rest and medications. He continued to use Norco and Naproxen for pain and inflammation. He reported that these medications decrease his pain by approximately 50%. He has been using Norco since at least August 22, 2014. This improved his tolerance for walking and sitting for longer periods and allowed him to perform activities of daily living with less pain. He used gabapentin for neuropathic symptoms in the right lower extremity. The gabapentin helped decrease the burning and tingling in his leg. He continued to report spasms and tightness in the muscles of his back. His medication regiment includes Naproxen Sodium-Anaprox 550 g #90, hydrocodone -apap 10-325 mg, Salonpas Large Patch, cyclobenzaprine 10 mg, gabapentin 300 mg, and Medrol 4 mg Dosepak. On physical examination, the injured worker has normal muscle tone in the bilateral upper extremities and the bilateral lower extremities. His muscle strength is 5-5 in the bilateral lower extremities. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbosacral spondylosis, lumbar spinal stenosis, neck sprain-strain, and thoracic region sprain-strain. Treatment to date has included acupuncture therapy and physical therapy without significant improvement. On September 3, 2015, the Utilization Review physician determined that hydrocodone - APAP 10-

325 mg #90 between 8-20-2015 and 10-31-2015 be modified to Hydrocodone-APAP 10-325 mg #30 between 8-20-2015 and 10-31-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg #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, dosing, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2014 and is being treated for low back pain with right lower extremity radiating symptoms. When seen, Norco was providing a 50% improvement in pain with increased walking and sitting tolerances and ability to perform activities of daily living. Physical examination findings included appearing anxious and in pain. There was decreased lumbar range of motion with muscle spasms. Hydrocodone/acetaminophen was continued at a total MED (morphine equivalent dose) of 30 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 decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.