

Case Number:	CM15-0066809		
Date Assigned:	04/21/2015	Date of Injury:	08/30/1989
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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 74 year old male, who sustained an industrial injury on 8/30/99. The mechanism of injury is unclear. Current symptoms are unclear. Medications are Kadian, Aspirin, Zocor and Hydrocodone-acetaminophen. Diagnoses include rectal adenocarcinoma, lumbosacral disc degeneration, lumbar disc disease with arachnoiditis and memory loss (5/31/13). Diagnostics include lumbar MRI (5/6/04) abnormal and MR angiogram of the neck (12/1/05) abnormal. The current progress note (9/16/14) indicates Norco as an active medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8 (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1999, and continues to be treated for lumbar disc disease for chronic pain. Medications included

Norco and Kadian being prescribed at a total MED (morphine equivalent dose) of approximately 120 mg per day. Correspondence from the requesting provider documents diagnoses of degenerative disc disease and arachnoiditis. The claimant has been tapered to his current medication dosages with pain reported as moderately controlled and allowing him to maintain his physical activity level. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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. The treating provider documents moderate pain relief. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.