

Case Number:	CM15-0076975		
Date Assigned:	04/28/2015	Date of Injury:	09/15/2005
Decision Date:	05/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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 49 year old male, who sustained an industrial injury on 9/15/2005. Diagnoses include disc disorder lumbar, low back pain, lumbar facet syndrome and spinal/lumbar degenerative disc disease. Treatment to date has included diagnostics, medications and heat application. Per the Primary Treating Physician's Progress Report dated 4/13/2015, the injured worker reported pain in the lower back that has increased since his last visit. The pain is rated as 4/10 with medications and 8/10 without medications. Physical examination of the lumbar spine revealed spasm and tenderness of the paravertebral muscles bilaterally with no limitation in range of motion. The plan of care included medications and authorization was requested on 4/14/2015 for Norco 10/325mg, Soma 350mg and Ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back pain. When seen, medications are referenced as decreasing pain from 8/10 to 4/10 with improved function and quality of life. Norco is being prescribed 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 and providing pain relief with improved function and quality of life. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.