

Case Number:	CM15-0090099		
Date Assigned:	05/14/2015	Date of Injury:	11/12/2012
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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 36 year old female who sustained an industrial injury on 11/12/2012. Mechanism of injury was a fall with the injured worker landing on her hands and knees. Diagnoses include lumbago, lumbar disc protrusion, lumbar radiculitis, lumbar stenosis, status post lumbar spine fusion surgery done on 12/02/2014-with residual back pain, left hip pain, left knee pain, and left ankle pain. Treatment to date has included diagnostic studies, medications, physical therapy, lumbar sheath injections, bilateral epidural steroid injections, surgery, and chiropractic sessions. A physician progress note dated 03/25/2015 documents the injured worker complains of lumbar pain which is constant and severe which she rates as 8 out of 10 and pain radiates to the left leg with numbness, tingling and weakness. She has left hip pain, which is constant and moderate, and she rates it as 7 out of 10 and it is dull which radiates to the left leg with numbness, tingling and weakness. She has left knee pain which is frequent and moderate which she rates as a 4 out of 10 and it is achy, sharp and radiates to the left leg with numbness, tingling and weakness, and she has left ankle pain which is severe and rated as 8 out of 10 and it is sharp, stabbing, throbbing left ankle pain radiating to the left leg with numbness, tingling and weakness. She gets relief from medication and rest. On examination, the lumbar spine surgical scar is healing well. Range of motion is restricted. There is tenderness to palpation of the L4-S1 spinous processes. Kemp's causes pain. Straight leg raise causes pain on the right. Left hip range of motion is restricted. Her left knee has decreased flexion, and left ankle has limited range of motion. The injured worker states she has continued pain and numbness in the left

thigh. The treatment plan is for Norco and urine toxicology. Treatment requested is for Norco 10/325 mg #90.

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: Upheld

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) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for chronic pain. When seen, although medications are referenced as providing pain relief, complaints included constant moderate to severe low back, left knee, and left ankle pain. She was having ongoing left thigh pain and numbness. Physical examination findings included lumbar spine tenderness and pain with straight leg raising. There was decreased range of motion. Norco was being prescribed at a total MED (morphine equivalent dose) of 30 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 (morphine equivalent dose) is less than 120 mg per day, the documentation submitted is inconsistent referencing relief of pain with medications as well as constant moderate to severe pain. There is no documentation of improved activities of daily living or quality of life. Therefore, the continued prescribing of Norco cannot be considered medically necessary.