

Case Number:	CM15-0098519		
Date Assigned:	05/29/2015	Date of Injury:	10/21/2007
Decision Date:	07/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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 47-year-old male, who sustained an industrial injury on 10/21/07. He has reported initial complaints sudden onset of pain of lumbar, cervical and thoracic spine after lifting and twisting and doing repetitive movements at work. The diagnoses have included lumbago, cervical pain and osteoarthritis of the hips. He has past history of hypertension. Treatment to date has included medications, activity modifications, diagnostics, surgery, injections, and physical therapy. Currently, as per the physician progress note dated 4/13/15, the injured worker complains of cervical pain rated 7/10 on pain scale, which has increased since last visit. He also has back stiffness and radicular pain in the right and left leg. The back pain is rated 7/10 on pain scale. He also complains of thoracic pain with stiffness and radicular pain in the right and left arms. He notes substantial benefits from medications and he has nociceptive, neuropathic and inflammatory pain. It is noted that without the medications the injured worker has marked decrease in functional ability. The objective findings reveal slightly antalgic gait favoring the left leg. The neck exam reveals pain to palpation, secondary myofascial pain with triggering and ropey fibrotic banding, positive Spurling's maneuver bilaterally and positive maximal foraminal compression testing bilaterally. The lumbosacral exam reveals positive Faber maneuver on the right, pain with palpation of the lumbar facet capsules bilaterally and pain with rotational extension indicative of facet capsular tears bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. The current pain medications included Cymbalta, Gabapentin, MS Contin, Duragesic patch, Norco, and Omeprazole. The urine drug screen dated

12/11/14 is consistent with medications prescribed. The physician requested treatment included Norco tab 10-325mg #120 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, pages 76-80 (2) Opioids, dosing, page 86.

Decision rationale: The claimant sustained a work injury in October 2007 and continues to be treated for chronic neck pain. When seen, medications are referenced as providing a 90% improvement in pain. With a decrease in his medications, he is reported as being essentially nonfunctional. Physical examination findings included positive Spurling and foraminal compression testing and cervical and lumbar facet tenderness. There were cervical and lumbar trigger points. There was positive right Fabere testing. Fentanyl and Norco are being prescribed at a total MED (morphine equivalent dose) of 100 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 pain control. 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.