

Case Number:	CM15-0098838		
Date Assigned:	06/01/2015	Date of Injury:	04/15/2006
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
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 48 year old female, who sustained an industrial injury on April 15, 2006. The injured worker was diagnosed as having status post left tarsal tunnel release, status post left plantar fascia release, status post right lateral epicondylar release, right carpal tunnel syndrome, secondary sprain/strain of the lumbar spine, status post bilateral carpal tunnel release, and status post right de Quervain's release. Treatment to date has included a lumbar MRI and medication. Currently, the injured worker complains of persistent flare-up of pain about her lower back region with pain and numbness radiating intermittently into her left lower extremity down to her calf. The Primary Treating Physician's report dated April 02, 2015, noted the injured worker reported functional improvement and improvement in pain with her current medication regimen, rating her pain at a 6 with medication, and 10 without pain medication on a scale of 1 to 10. The injured worker's medications were listed as Norco and Ambien. Physical examination was noted to show tenderness over the left sacroiliac joint over the sciatic notch as well as over the left lumbosacral spine region, with tenderness and muscle spasms noted over the lower lumbar paraspinal musculature, primarily on the left side. Increased lower back pain was reported upon the extremes of flexion and extension about her lumbar spine, with persistent edema of the left leg compared to the right leg. The treatment plan was noted to include prescriptions for Norco and Ambien, and request for authorization for a urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work injury in April 2006 continues to be treated for radiating low back pain. Medications are referenced as decreasing pain from 10/10 to 6/10 with improvement in activities of daily living and standing, walking, and work tolerances. When seen, there was lumbar spine and left sacroiliac joint tenderness with lumbar paraspinal muscle spasms. There was decreased and painful lumbar spine range of motion with positive left straight leg raising. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. The claimant is self-employed. 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 was medically necessary.