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| Case Number: | CM15-0099450 | | |
| Date Assigned: | 06/01/2015 | Date of Injury: | 10/23/2000 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/22/2015 |

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 56-year-old female, who sustained an industrial injury on 10/23/00. The injured worker was diagnosed as having cervical radiculitis, cervical disc disease, lumbar disc disease, lumbar radiculitis, and lumbar herniated disc at L5-S1 and L4-5. Treatment to date has included cervical epidural steroid injections, lumbar epidural steroid injections, physical therapy, transforaminal epidural steroid injections at L5-S1, and medication. On 4/9/15, pain was rated as 9/10. The injured worker had been taking Norco since at least 2/11/15. Currently, the injured worker complains of low back pain and bilateral lower extremity radicular pain. The treating physician requested authorization for retrospective Norco 10/325mg total quantity 360 for the dates of service 4/11/15, 5/11/15, and 6/11/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg for three prescriptions: 04/11/15, 05/11/15 and 06/11/15; 120 each quantity: 360: 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 with a date of injury of 10/23/00. She continues to be treated for low back pain with lower extremity radicular symptoms and knee pain. When seen, pain was rated at 9/10. There had been improvement after injections. Physical examination findings included decreased cervical and lumbar spine range of motion with lumbar spine tenderness. There was bilateral knee crepitus. Medications being prescribed included Norco at a total MED (morphine equivalent dose) of 40 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, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.