

Case Number:	CM14-0110902		
Date Assigned:	09/16/2014	Date of Injury:	10/04/2010
Decision Date:	08/26/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 52 year old male with an industrial injury dated 10/04/2010. The injured worker's diagnoses include myofascial pain intervertebral disc disease and bilateral tarsal tunnel syndrome Treatment consisted electromyography (EMG)/nerve conduction velocity (NCV), Magnetic Resonance Imaging (MRI) of lumbar spine, prescribed medications, epidural injection, physical therapy and periodic follow up visits. In a progress note dated 6/6/2014 the injured worker reported ongoing low back pain and bilateral foot pain. The injured worker also reported that surgery was pending. The injured worker rated pain as a 6/10. Objective findings revealed hypertonicity of the lumbosacral musculature without myospasms noted at the lumbosacral junction, restricted lumbar range of motion and tenderness in both feet with right greater than left along the tarsal tunnel. In a progress note dated 6/11/2014, his treating physician reported bilateral progressive radicular symptom, greater on the left than right. The treating physician noted that the Electromyography (EMG) confirmed bilateral L5 radiculopathy. The treating physician prescribed Norco 10/325mg, #45 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #45: Overturned

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

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 October 2010 and continues to be treated for low back and bilateral foot pain. When seen, pain was rated at 6/10. There was decreased lumbar spine range of motion with muscle spasms. There was bilateral foot tenderness and a diagnosis of tarsal tunnel syndrome. Medications being prescribed include Norco as a total MED (morphine equivalent dose) of 15 mg per day. Lyrica had been increased for the pain and numbness. He was trying to avoid taking opioid medications other than when having very severe symptoms. Urine drug screening has showing findings consistent with the prescribed medications as well as the presence of THC. 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 being used sparingly and providing some degree of 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.