

Case Number:	CM13-0023132		
Date Assigned:	11/15/2013	Date of Injury:	12/12/1994
Decision Date:	01/23/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in ABFP, has a subspecialty in ABPM and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Male claimant who sustained a work injury on 12/12/1994 that resulted in neck, back and upper extremity pain . His diagnoses included: lumbar and cervical radiculopathy. An exam report on 9/4/13 noted that he had 8/10 low back pain with associated numbness in the arms. At the time he was taking Norco 10/325 mg four times daily. An authorization was made to continue his Norco at the time. The documentation provided indicates he has been on Norco since at least March 2013 where the monthly follow exam notes continue to state 7-8/10 back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #120: 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 Opiods.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the

claimant has been on Norco for several months with no improvement in pain scale . The continued use of Norco is not medically necessary.