

Case Number:	CM13-0025944		
Date Assigned:	11/22/2013	Date of Injury:	01/02/2001
Decision Date:	05/08/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice, has a subspecialty in Pain Management, 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:

This 69 yr. old female claimant sustained a work injury on 1/2/2001 resulting in Tarsal tunnel syndrome and planar fasciitis pain. She has been on Norco, Neurontin and Motrin for pain management since at least January 2013. A urine drug test in February was consistent with medications taken. Continued refills for Norco were noted in July 2013. A urine drug screen on 6/17/2013 noted that it was positive for codeine, morphine and hydrocodone. A subsequent exam on 9/23/13 noted the pain was 3/10 with exam findings of decreased sensation on the feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS Page(s): 83-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated as first-line therapy for neuropathic pain, and chronic back pain. Norco is not indicated for mechanical or compressive etiologies. It is

recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the employee has been on Norco for many months without adequate documentation of objective findings and pain scale improvement. In addition, the guidelines indicate that if there are active signs of misuse, these concerns should be addressed immediately with the patient. If there are active signs of relapse to addiction, or new-onset addiction, these patients should be referred to an addictionologist immediately. It has been suggested that most chronic pain problems will not resolve while there is active and ongoing alcohol, illicit drug, or prescription drug abuse. The continued use of Norco is not medically necessary.