

Case Number:	CM13-0026662		
Date Assigned:	12/04/2013	Date of Injury:	07/10/2002
Decision Date:	01/14/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

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 Family Medicine, has a subspecialty in Preventive Medicine 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:

Thirty five year old male beneficiary sustained a work injury on 7/10/2002, which resulted in back pain with radicular symptoms. He had a L4-L5 laminectomy in 2003 and a discectomy in 2010. He has been using Norco 10mg/325 since October 2012 along with SOMA since April 2013, Lidoderm patches, and Lyrica. An examination report on 5/15/13 indicated a 9/10 pain(unchanged for several months), positive leg raise, pain over the lower lumbar region, pain over the Illiotibial band and myofacial pain. A more recent exam report noted 8/10 pain with similar exam findings. A request during that visit was made to continue his Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg. tablet, take 1 tablet by mouth every four hours #180 (dispensed 8/07/13):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the California Medical Utilization Schedule (MTUS) Guidelines, Norco is 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 along with several analgesics for a year with no significant improvement in pain scale . The continued use of Norco is not medically necessary.