

Case Number:	CM13-0037600		
Date Assigned:	12/18/2013	Date of Injury:	09/12/2011
Decision Date:	04/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/23/2013

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. The expert reviewer is Board Certified in 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 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/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:

A 46-year-old female claimant was sustained a neck, back, shoulder and head injury on September 12, 2011. An examination report on October 10, 2013 indicated 4/10 neck pain, 6/10 t-spine pain, and 7/10 lumbar spine pain. The lumbar spine had tenderness bilaterally and limited range of motion. The cervical spine also had paravertebral spine tenderness and limited range of motion. The claimant had been taking Norco and Soma for pain for at least 6 months with minimal change compare to prior exam findings and pain scores. The treating physician requested continuation of the Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

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

Decision rationale: The Expert Reviewer's 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 basis 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 along with SOMA with no improvement in pain scale. The continued use of Norco is not medically necessary.