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| Case Number: | CM13-0042472 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 02/18/2005 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 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:

This 57 year old male claimant sustained a work injury on 2/18/05 involving the neck and low back. His diagnoses included cervical and lumbar disc degeneration, and cervical and lumbar stenosis. He initially used NSAIDs and Muscle Relaxants in 2005 for pain control He had undergone chiropractor therapy. From 2008-2013, his pain has been intermittently treated with Vicodin 5/500 mg. and Baclofen. A progress note on 8/7/13 indicated the claimant had 8/10 pain that had been unchanged since the last visit and reduced to 4/10 with medication. Physical findings were unremarkable. He was diagnosed with chronic back pain and was given Norco 10/325 # 90 along with Baclofen. A progress note on 11/6/13 indicated he had 7/10 pain reduced to 4/10 with medications. The improvement lasts 2 hours. His records indicated no substance abuse. His exam findings were unremarkable. He was continued on the Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

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

Decision rationale: According to the MTUS guidelines: Norco is a short acting opioid used for breakthrough pain. According to the 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 basis for short-term use. The claimant had been on Vicodin, which contains hydrocodone, for several years (similar to Norco). Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for several months with no significant improvement in pain scale. Therefore, the request for Norco 10/325MG, #90 is not medically necessary.