

Case Number:	CM13-0049067		
Date Assigned:	12/27/2013	Date of Injury:	12/26/2002
Decision Date:	07/24/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 59-year-old male claimant sustained a work related injury on 12/26/02 involving the neck back and bilateral wrists. The claimant has a diagnosis of bilateral carpal tunnel and chronic back pain. He had been on opioids for analgesics for several years. A progress note on 5/23/13 indicated the claimant had adequate pain control on Norco (10/325- 8 tablets a day) and Flexeril. The claimant had been on Norco since at least 2012. His exam findings included palpatory spinal tenderness, positive straight leg raise findings and good range of back motion. A progress note on 10/15/13 indicated he has effective pain control on Norco and Flexeril. The exam findings were notable for paraspinal tenderness in the neck and back. A n authorization for Flexeril was requested along with continuing Norco 10/325mg, two tablets four times per day # 220.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #220: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment and Opioids, specific drug list.

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 MTUS guidelines, opioids are not indicated as the first line therapy for neuropathic and chronic back pain. Opioids are not indicated for mechanical or compressive etiologies. Opioids 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 over 2 years. The continued use of Norco is not medically necessary per MTUS guidelines. As such, the request is not certified.