

Case Number:	CM13-0071304		
Date Assigned:	01/08/2014	Date of Injury:	02/09/2009
Decision Date:	05/07/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/27/2013

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 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 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 32 yr. old female claimant sustained a work injury on 2/9/09 in low back pain. She had a diagnosis of lumbosacral radiculopathy. The claimant had undergone several lumbosacral transforaminal steroid injections. Her pain had additionally been managed with opioids including Norco and muscle relaxants (Norflex) since at least May 2013. An exam report on 8/28/13 indicated she had 8/10 pain in the lumbar spine. His exam findings included limited range of motion of the lumbar spine and tenderness over the paravertebral musculature. She was instructed to continue her Norco and Norflex. An exam note on 11/13/13 indicated continued lumbar pain, right sciatica and a decrease in pain after epidural steroid injections (pain score not noted). She was continued on Norflex and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-65.

Decision rationale: The Expert Reviewer's decision rationale: In this case, the claimant has used Norflex for over 6 months. There is no documentation of failure of NSAIDs. The medication has been used beyond a short period of time. Its continued use is not medically necessary.

Norco #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 7 months with no substantiated improvement in pain scale due specifically to Norco. The continued use of Norco is not medically necessary.