

Case Number:	CM14-0129275		
Date Assigned:	08/18/2014	Date of Injury:	02/26/2001
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/13/2014

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 Preventative 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 52 year old male claimant sustained a work injury on February 26, 2001 involving the neck and back. He was diagnosed with lumbar and cervical disc disease. He had cervical stenosis. He underwent a laminectomy and a facetectomy of the lower lumbar region. He underwent a cervical discectomy and fusion of C4 - 5. He had been on opioids including Vicodin for several years and until the most recent examination. A progress note on 4/25/14 indicated the claimant had moderate constant low back pain with radicular symptoms. Exam findings were notable for tenderness to palpation in the lumbar paravertebral muscle region. At the time he was using topical analgesics, muscle relaxants as well as Norco. The treating physician recommended the continuation of topical analgesics and muscle relaxants along with continuing Norco 10 mg four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 it 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. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodones (such as Vicodin/Norco) for over a year without significant improvement in pain or function. The continued use of Norco is not medically necessary.