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| Case Number: | CM14-0159169 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 12/05/1991 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 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:

66 yr. old female claimant sustained a work injury on 12/5/91 involving the low back. She was diagnosed with lumbago with radiculopathy, failed back surgery, and intractable pain. He had been on Norco for pain since at least January 2012 at which time his pain level was 7/10. At the time, he was taking Norco with Duragesic patches, Nucynta, Pamelor and Flexeril. A progress note on 7/1/14 indicated the claimant had continued 7/10 pain. She had still been on Norco, Flexeril and Duragesic patches. Exam findings were notable for lumbar facet tenderness with decreased range of motion. The treating physician continued the Norco 10/325 mg - 2 tablets every 4 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 as 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 Norco for over 2 years without significant improvement in pain or function. The continued use of Norco is not medically necessary.