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| Case Number: | CM14-0170315 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 08/01/2012 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 09/13/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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:

This case involves a 51 year old male injured worker sustained a work injury on 8/1/12 involving the neck and low back. An MRI of the lumbar spine in 3/27/13 showed disc bulging of L5-S1 and facet hypertrophy of L3-L4. He was diagnosed with lumbar herniated nucleus pulposus, cervical disk herniation with cervical stenosis/myelopathy and underwent cervical discectomy and fusion of C5-C7 on 6/10/13. A progress note on 7/2/14 indicated the claimant had 7-9/10 pain in the low back. He was treated with Norco for pain. No exam findings were noted. A progress note from Sports Medicine on 7/21/14 indicated the injured worker had limited range of motion of the cervical spine. A progress note on 9/20/14 indicated the injured worker had persistent back pain. Exam notes stated "unchanged." He was given Norco 10/325mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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 injured worker had been on Norco for several months without significant improvement in pain. Functional improvements were not documented. Therefore, this request is not medically necessary.