

Case Number:	CM14-0186045		
Date Assigned:	11/13/2014	Date of Injury:	12/30/1997
Decision Date:	12/16/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 is a 53 year old male claimant who sustained a work injury on December 30, 1997. He was diagnosed with congenital spondylosis without myelopathy and osteoarthritis of the hand and leg. A progress note on October 17, 2014 indicated the claimant had chronic and constant low back pain. Exam findings were notable for reduced range of motion of the lumbar spine. Sensation and motor strength were intact. The left and right knee showed an effusion or Baker's cyst. The claimant had been given Norco and Ibuprofen for pain control.

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 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 Along with Ibuprofen. There's no indication of combining the two classes of medications. Response to these medications and the claimant's levels overtime was not documented. The continued use of Norco is not medically necessary. Therefore, the request is not medically necessary.