

Case Number:	CM14-0053715		
Date Assigned:	07/07/2014	Date of Injury:	09/08/2012
Decision Date:	11/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/22/2014

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 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:

36 yr. old female claimant sustained a work injury on 9/8/12 involving the low back. She was diagnosed with lumbar disc disease, a herniated nucleus pulposus of L4-L5 and L5 radiculopathy by EMG. She had been on Norco since at least September 2013 for pain control. Her pain ranged from 5-9/10. She had received epidural steroid injections as well. A progress note on 3/14/14 indicated the claimant had burning pain. Exam findings were notable for limited range of motion of the lumbar spine and tenderness in the pelvic brim. The treating physician continued her Norco, Soma and Zanaflex for pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain, Weaning of Me.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco (Hydrocodone) is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids 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 months without significant improvement in pain or function. The continued use of Norco is not medically necessary.