

Case Number:	CM14-0054800		
Date Assigned:	07/07/2014	Date of Injury:	09/05/1995
Decision Date:	08/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The patient is a 62 year old male who sustained a work injury on 9/5/55 involving the neck, shoulders and low back . He has a diagnosis of lumbar radiculopathy, degenerative disc disease of the lumbar spine, cervical stenosis and a chronic L1 compression fracture. He had received prior epidural steroid injections. A progress note on 3/5/14 indicated he had continued 8-10/10 back pain. He was on 6-7 Norco per day along with Elavil, Temazepam and Baclofen. The Norco allowed him to walk further and decrease pain. Examination findings were notable for reduced range of motion of the cervical and lumbar spine as well as diminished sensation in the C8, L4, L, S1 distribution. He was continued on Norco 10/323 # 180 (6/day) along with other prior analgesics. He had been on Norco for at least 6 months with no significant objective or subjective changes in exam findings.

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 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 several months with no improvement in pain scale . The continued use of Norco is not medically necessary.