

Case Number:	CM14-0055570		
Date Assigned:	07/09/2014	Date of Injury:	04/19/2010
Decision Date:	10/15/2014	UR Denial Date:	03/21/2014
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 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:

The 45 year old female claimant sustained a work injury 4/19/10 involving the neck, low back and knee. She was diagnosed with cervical /lumbar strain and knee derangement. A progress note on 2/24/14 indicated the claimant 7/10 pain in the back radiating to the legs. The exam findings were notable for lumbar paraspinal muscle tenderness and lumbar facet tenderness at L4-L5. Straight leg raise was positive on the left side and moderate knee pain. Her chronic pain had been treated with Norco since at least October 2013 at which time the pain was 5/10. The claimant had been a subsequent evaluation on 3/4/14 in indicating continued back pain with a negative leg raise. There claimant was maintained on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 by mouth TID (2 units): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 bases 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 without indication of prior failure on 1st line medications such as Tylenol or NSAIDs. The continued use of Norco is not medically necessary.