

Case Number:	CM14-0072484		
Date Assigned:	07/16/2014	Date of Injury:	01/23/2007
Decision Date:	09/10/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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:

This case involves a 47 year old male who sustained an injury to his low back on 1/23/07. His diagnosis includes lumbar disc protrusion and L5-S2 neural foraminal compromise. The injured worker's treatment includes epidural steroid injections and thermocoagulation of the medial branch L3-L4 nerves. He has been using Norco since 2009 for pain control. A request was made for Norco 10 mg 8 times a day in April 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Opioids and pg 82-92 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 a first- line therapy for neuropathic pain, and chronic back pain. It is recommended for a trial basis for short-term use and long-term use has not been supported by any trials. Furthermore, it is not indicated for mechanical or compressive etiologies. In this case, the claimant had been on Norco for over 5 years and there are no recent clinical

notes to justify the continued use of the Norco 10/325 mg. Therefore, the request is not medically necessary.