

Case Number:	CM14-0085963		
Date Assigned:	07/23/2014	Date of Injury:	03/25/2008
Decision Date:	09/11/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 50 year old female claimant who sustained a work injury on 3/25/08 involving the back, hips and lower extremities. She had chronic hip pain for which she underwent arthroscopic surgery for a labral tear. She had a diagnosis of right femoral cutaneous neuropathy and lumbar radiculopathy. She had been using topical analgesics along with oral opioids. A progress note on 5/6/14 indicated the claimant had been on Opana ER- 3 tablets per day and Norco 10 mg 4 times daily. The claimant noted that she continued to experience pain but is able to do some activities with the medications. The treating physician requested continuation of the Opana and Norco with a request to taper the Norco to 3 tables daily. She had been on the above pain medication regiment for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG to permit weaning of total opioid dose to 120 MG or less: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, weaning, pain agreement Page(s): 86,89 124.

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 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 had been on Norco for a year in combination with another opioid. The claimant had persistent pain. The guidelines also don't recommend exceeding a total morphine equivalent dose of 120mg. The present use of Opana combined with 3 tablets of Norco are equal to the maximum of 120mg but the claimant was given a prescription for 120 tablets of Norco which would then exceed the amount recommended. Based on clinical necessity and amount prescribed during the weaning request, the continued use of Norco is not medically necessary.