

Case Number:	CM14-0096535		
Date Assigned:	09/15/2014	Date of Injury:	11/16/2001
Decision Date:	11/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/24/2014

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:

This is a 60 year old female claimant sustained a work injury on 11/16/01 involving the low back. She was diagnosed with lumbar stenosis. She underwent a L4-S1 fusion in 2007 and lumbar laminoforaminotomy in October 2013. Her pain had been managed with Norco since then. A progress note on 5/5/14 indicated the claimant had continued back and buttock pain. Exam findings were notable for left gluteal tenderness. The claimant remained on Norco. An NCV study in June 2014 indicated mild lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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 as 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 over 7 months. There was no comparator in pain scale improvement or functional response. Therefore, continued use of Norco is not medically necessary.