

Case Number:	CM14-0166016		
Date Assigned:	10/13/2014	Date of Injury:	08/09/2013
Decision Date:	05/12/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 43-year-old male, with a reported date of injury of 08/09/2013. The diagnoses include lumbar disc disease and lumbar radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right sacroiliac joint arthropathy. Treatments to date have included lumbar epidural steroid injection, Norco, Flexeril, Motrin, home exercises, and physical therapy. The interventional pain management follow-up evaluation report dated 09/05/2014 indicates that the injured worker complained of low back pain, which was rated 6-7 out of 10. He noted that for a week, he had a sudden increase in pain above 10 out of 10 in the lumbar spine. The examination of the lumbar spine showed an antalgic gait on the right, normal lordosis and alignment, moderate facet tenderness at L3-S1, right sacroiliac tenderness, positive right straight leg raise test, decreased lumbar range of motion, and decreased sensation in the L3 and L4 dermatomes on the right. The treating physician requested Norco 10/325mg #90 and Flexeril 10mg #90 for refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

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 9 months. Current pain scores do not mention improvement with Norco use. Long-term use of Norco can lead to tolerance and lack of effectiveness. There is no indication of tricyclic or Tylenol failure. The continued use of Norco is not medically necessary.