

Case Number:	CM14-0176736		
Date Assigned:	10/30/2014	Date of Injury:	10/05/2009
Decision Date:	04/01/2015	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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 48 year old female, who sustained an industrial injury on October 5, 2009. She has reported slipping and falling developing "road rash" down her leg. The diagnoses have included lumbar sprain/strain, sacroiliac ligament sprain/strain, myofascial pain and sleep disturbance. Treatment to date has included physical therapy, aqua therapy, laminectomy in 2012, and medications. Currently, the injured worker complains of constant low back pain. The Primary Treating Physician's report dated September 25, 2014, noted the lumbar spine with spasms and tenderness to the left mid/low back and buttock, tenderness in the left SI joint, spasm and tenderness in the right low back/buttock, and tenderness in the right SI joint. On October 4, 2014, Utilization Review non-certified Norco 10/325mg #30, noting that as a previous review certified 30 tablets for weaning, the taper should continue, therefore the request was modified to certify Norco 10/325mg #23 with the remaining #7 tablets non-certified. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On October 24, 2014, the injured worker submitted an application for IMR for review of Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

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 a year without significant improvement in pain or function. It was used in combination with an NSAID. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.