

Case Number:	CM14-0189906		
Date Assigned:	11/21/2014	Date of Injury:	08/13/2013
Decision Date:	01/26/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 57 year old female who suffered an industrial related injury on 8/13/13 after stacking boxes. A chiropractor's report dated 3/7/14 noted the injured worker had complaints of low back pain with radiation to the lower extremities. The injured worker reported experiencing numbness and cramping in the low back and legs. It was noted that the injured worker had received 8 physical therapy sessions. The treating physician's report dated 8/13/14 noted the injured worker had chiropractic care with improvement. Physical examination findings included tenderness to palpation over the upper, mid, and lower paravertebral muscles. The range of motion in flexion was 20 degrees, 20 degrees for right and left lateral bending, 20 degrees for right lateral rotation, 25 degrees for left lateral rotation, and 15 degrees for extension. Increased pain with lumbar motion was noted. A straight leg raise and rectus femoris stretch sign did not demonstrate any nerve irritability. Mild right hip tenderness was noted to palpation. Left groin tenderness to palpation was also noted with no obvious palpable defect. The diagnoses included degenerative joint/degenerative disc disease of the lumbar spine, lumbar radiculopathy, and bilateral hip strain. Bilateral inguinal hernias were noted to have been ruled out. The work status was temporarily totally disabled for six weeks. On 10/22/14 the utilization review (UR) physician denied the request for Norco 5/325mg #60. The UR physician noted there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. In addition there was no documentation provided of evidence of screening exams for misuse with a demonstrated low risk for misuse. Due to the nature of the drug the request was modified for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED NORCO 5/325MG #60: 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 are 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 bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for an unknown length of time. Clinical response to medication is unknown. The continued use of Norco is not medically necessary.