

Case Number:	CM14-0203020		
Date Assigned:	12/15/2014	Date of Injury:	10/12/2000
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 44-year-old male claimant sustained a work injury on October 12, 2000 involving the lower back. He was diagnosed with lumbar disc disease. He underwent a discectomy of L4/L5 and transverse facet lumbar fusion. A progress note on 4/17/13 2014 indicated the claimant had 7/10 pain. Exam findings were notable for spasms in the lumbar region with reduced mobility. There was an altered sensation to light touch in both legs and thighs. Claimants pain has been manage with Norco, Gabapentin, Methadone and Tizanidine. A progress note on September 17, 2014 indicated the claimant had 7/10 pain. Exam findings were notable for spasms in the lumbar region with reduced mobility. There was an altered sensation to light touch in both legs and thighs. Claimants pain has been manage with Norco, Gabapentin, Methadone and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

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

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 year without significant improvement in pain or function. The continued use of Norco is not medically necessary.