

Case Number:	CM14-0204666		
Date Assigned:	12/16/2014	Date of Injury:	03/07/2012
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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:

37 yr. old male claimant sustained a work injury on 3/7/12 involving the low back and knees. An MRI of the knees was normal. An MRI on 8/26/14 indicated the claimant had degenerative changes of the lumbar spine. A progress note on 11/3/14 indicated the claimant had 5/10 pain with the use of Norco and 8/10 without. He had been on a 2.5 mg dose. He used Prilosec secondary to dyspepsia from the medications. Exam findings were notable for reduced range of motion of the lumbar spine and pain in the right knee. He was continued on the Norco and Ibuprofen. He had been on various analgesics including opioids such as Ultracet since 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5 / 325mg #60: Upheld

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

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 and other opioids for several years. There was no indication of Tylenol failure. There was no indication of Ibuprofen use if Norco was helping. In addition, the claimant was getting dyspepsia while on multiple medications. The claimant's very low dose of Norco is likely not providing sustained relief. The continued use of Norco is not medically necessary.