

Case Number:	CM14-0205581		
Date Assigned:	12/17/2014	Date of Injury:	03/21/2005
Decision Date:	02/06/2015	UR Denial Date:	11/10/2014
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:

54 yr. old female claimant sustained a work injury on 3/21/05 involving the neck and low back. She was diagnosed with lumbar spondylosis, cervicgia, sciatica and myalgia. A progress note on 10/7/14 indicated the claimant had 6-8/10 pain with medication and 8/10 without medication. Exam findings were notable for decreased range of motion of the cervical spine. There were no neurological abnormalities noted. The claimant was continued on Norco for pain. She had been on Norco since at least July 2014 at which time the pain levels were similar. Prior screens were consistent with medication taken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: 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 , opioids 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 several months with no improvement in pain scale . In addition, there was minimal difference with or without Norco in the pain scales. The continued use of Norco is not medically necessary.