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| Case Number: | CM14-0208893 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 05/31/2000 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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:

61-year-old male claimant sustained a work injury on May 31, 2000 involving the low back. He was diagnosed with cervical and lumbar spine radiculitis. He underwent a lumbar laminectomy and developed post laminectomy syndrome. A progress note on July 16, 2014 indicated he had 7/10 pain. At the time he had been doing a home exercise program, using an H wave unit a well taking Lyrica, Zanaflex and Motrin. A subsequent report on September 10, 2014 indicated claimant had the same pain level and 9/10 pain without medications. Exam findings were notable for decreasing stations in the right thigh and decreased range of motion of the lumbar spine. He was continued on his medications above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ Acetaminophen (Norco) 10/325mg Qty: 150 for 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and on ACOEM-<https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

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 months without significant improvement in pain or function. The claimant had been on Motrin as well. There's no indication of Tylenol failure. Two points improvement in pain response cannot be attributed to a particular medication. The continued use of Norco is not medically necessary.