

Case Number:	CM15-0002540		
Date Assigned:	01/13/2015	Date of Injury:	09/24/2010
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female, who sustained an industrial injury to her low back on 9/24/10 after she was lifting and moving boxes weighing up to 40 pounds and felt a strain or pull in the low back and continued working. She has reported ongoing low back pain. The diagnoses have included low back pain and right sacroiliac joint dysfunction and past history of hypertension, depression, morbid obesity with bariatric surgery. Treatment to date has included diagnostics, right sacroiliac joint injections, lumbar facet injections, physical therapy, chiropractic, acupuncture and medications. She has had pain relief with the injections and some relief with chiropractic and physical therapy. There was no documented therapy sessions noted. Currently, as per the primary physician's PR2 dated 12/4/14, the IW complains of low back pain and buttock pain on the right side. She also reports tingling in the right toes. Upon exam of the spine there was positive straight leg raise on the right, tenderness of the sacroiliac joint on the right, and positive Faber/Patrick's test, gaenslen's test and thigh thrust on the right. Magnetic Resonance Imaging (MRI) dated 12/10/14 revealed right sacroiliac joint dysfunction and small and moderate disc herniations. The request for right S1 joint fusion was denied. Treatment was for pain medication to manage her symptoms. On 12/19/14 Utilization Review non-certified a request for Norco 10/325 mg 1 tab every 4-6 hours as needed for pain #60 with no refills, noting that there is no evidence of trial and failure of home exercise program for control/management of pain symptoms. The IW has not returned to work and there is no objective indicated improvement with functioning and pain. The MTUS Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet Q 4-6 hours PRN #60, no refills: 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, 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 several without significant improvement function. Pain scores were not rated. Failure of Tylenol or NSAID is unknown. The continued use of Norco is not medically necessary.