

Case Number:	CM15-0006563		
Date Assigned:	01/26/2015	Date of Injury:	07/24/1998
Decision Date:	11/16/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/12/2015

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:

This is a 58 year old male who sustained a work-related injury on 7-24-98. Medial documentation from 1-7-15 revealed the injured worker was treated for pain in the joint of the lower leg, osteoarthritis of the lower leg, cervical spondylosis without myelopathy, headache and cervicgia. He reported a complaint of chronic severe neck pain and headache due to cervical spondylosis. Since his previous evaluation, he reported the same neck pain and left knee pain with no change in distribution. He rated his pain a 10 on a 10-point scale without medications (no change from 12-19-14) and a 6 on a 10-point scale with medications (no change from 12-19-14). His pain at the time of evaluation was 7 on a 10-point scale (a 6 on 12-19-14). His medications kept him functional, allowing for increased mobility, tolerance of activities of daily living and tolerance for home exercise. His medication regimen included Norco 10-325 mg (since at least 12-5-14), Gabapentin 300 mg, Lexapro 20 mg, Prednisone 1 mg, Xanax 0125 mg and Metformin 500 mg. Objective findings included cervical spine range of motion forward flexion to 90 degrees, right lateral flexion to 30 degrees, left lateral flexion to 45 degrees, hyperextension to 45 degrees, right lateral rotation to 45 degrees, and left lateral rotation to 55 degrees. His lumbar spine range of motion was forward flexion to 30 degrees, hyperextension to 15 degrees, right lateral bend to 20 degrees, and left lateral bend to 15 degrees. He had a positive Fabere test on the right. He had left knee tenderness and decreased range of motion. A urine drug screen on 1-10-15 was consistent for the injured worker's medication regimen. A request for Norco 10-325 mg tablets was received on 1-7-15. On 1-12-15 the UR physician determined that Norco 10-325 mg tablets, quantity not specified was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg tabs, quantity not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, Mcgraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

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 a year without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.