

Case Number:	CM15-0007668		
Date Assigned:	01/26/2015	Date of Injury:	08/28/2002
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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 64 year old male, who sustained an industrial injury on 08/28/2002. He has reported left shoulder, left knee, and lower back pain. The diagnoses have included left shoulder sprain/strain; lumbar sprain/strain; left knee sprain/strain; and probable post-traumatic arthritis, left knee. Treatment to date has included medications, epidural steroid injections, bracing, and physical therapy. Medications have included Norco, Vicodin, Celebrex and Ibuprofen. A progress note on 7/9/14 stated these medications did not help. A progress note from the treating physician, dated 11/18/2014, documented a follow-up visit with the injured worker. The injured worker reported low back pain, left shoulder pain, and left knee pain; the low back pain radiates down to both legs all the way down to the feet; numbness and tingling going down both legs; pain is constant and aching; pain level is rated 9/10 on the visual analog scale without medication; pain level is 4/10 with medication; and Norco helps alleviate his pain and makes it tolerable. Previously in August 2014, the pain level dropped similarly with a lower dose of 5mg Norco. Objective findings included moderate tenderness to palpation left medial patella; positive crepitus with left knee flexion and extension; decreased range of motion left knee flexion and extension due to pain; antalgic gait on left; and walks with cane. The treatment plan has included prescription for Norco; increase physical activity as tolerated; and follow-up evaluation in one month. On 12/15/2014 Utilization Review modified 1 prescription for Norco 10/325 QID #90; to allow the patient this one refill of Norco 10/325 QID #90 for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2-3

months. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited. On 12/26/2014, the injured worker submitted an application for Norco 10/325 QID #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG QID #90: 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 several months. There is conflicting evidence of whether Norco helps or equal benefits are obtained from a lower dose of 5mg. Long-term and chronic use of opioids can lead to addiction and tolerance. There was no indication of Tylenol failure. The use of Norco 10 mg is not medically necessary.