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| Case Number: | CM15-0007727 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 03/23/2009 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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 27 year old female with a date of injury as 03/23/2009. The current diagnoses include lumbar radiculopathy, displacement lumbar disc without myelopathy, degenerative disc disease lumbar, sprain/strain lumbosacral, and pain in joint ankle/foot. Previous treatments include medications, left ankle arthroscopic surgery on 09/03/2010, and left ankle sinus tarsi surgery on 08/27/2014. Report dated 12/17/2014 noted that the injured worker presented with complaints that included low back and hip pain. Physical examination revealed tenderness in the lumbar/sacral area, decreased range of motion, decreased sensation. The injured worker walks with a cane and uses a CAM walking boot. Current medication regimen included Norco 5/325 mg, nabumetone, Ambien, Nizatidine, Medrol, Prilosec, naproxen sodium, and diclofenac sodium. The pain level improved from 7/10 to 5/10 with medication. The injured worker is on modified work restrictions. The utilization review performed on 01/12/2015 non-certified a prescription for Norco based on based on lack of medical information. The reviewer referenced the California MTUS and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: 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 at least a few months in combination with without significant improvement in pain or function. Pain improvement attributed to Norco cannot be determined while on multiple pain medications. There was no indication for combining multiple classes of analgesics (opioid wth 3 NSAIDs). There was no inidication of Tylenol failure. The continued use of Norco is not medically necessary.