

Case Number:	CM15-0102416		
Date Assigned:	06/04/2015	Date of Injury:	05/31/2007
Decision Date:	07/03/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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 40 year old female, who sustained an industrial injury on 5/31/07. The injured worker was diagnosed as having chronic pain, lumbar disc displacement, and lumbar facet arthropathy. Treatment to date has included facet radiofrequency rhizotomy at L4-S1 on 12/23/14 with 50-80% improvement in pain, a Toradol/B12 injection, physical therapy, home exercise, heat application, and medication. On 4/23/15, pain was rated as 9/10 with medications and 10/10 without medications. The injured worker had been taking Norco since at least 1/22/15. Currently, the injured worker complains of low back pain that radiates to bilateral lower extremities. The treating physician requested authorization for Norco 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 along with NSAIDs for several months without significant improvement in pain or function. There was no mention of Tylenol or Tricyclic failure. The continued use of Norco is not medically necessary.