

Case Number:	CM15-0108775		
Date Assigned:	06/15/2015	Date of Injury:	12/16/2002
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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 43 year old female, who sustained an industrial injury on 12/16/2002, after sustaining injuries to her low back when she was involved in a car accident. The injured worker was diagnosed as having status post L5-S1 posterior fusion with instrumentation in 2006, chronic back pain, and lumbar radiculitis. Treatment to date has included diagnostics, posterior fusion at L5-S1 (2006), epidural steroid injections, acupuncture, and medications. Currently (5/07/2015), the injured worker complains of persistent back pain. She required Norco (about 3 tablets per day) to keep her pain under decent control and to keep her functionally and physically active. Pain was rated 4-5/10 with medication use and 8/10 without. A pain contract was on file and no aberrant behavior was described. Physical exam noted tenderness to palpation along the lumbar paraspinal muscles, iliolumbar, and sacroiliac regions. Her gait was mildly antalgic. The treatment plan included the continued use of Norco. Her work status was not documented. Urine toxicology was not submitted. The use of Norco was referenced in 2008. It was documented that she graduated from a pain program and only taking Effexor in 3/2009. She was prescribed Vicodin in 9/2009 for breakthrough pain. A prior progress report (2/10/2015) referenced elevated liver function tests. It was documented that she was instructed to minimize or even stop Norco until a reason for the abnormalities was determined. She agreed to do so. No further mention of the abnormal liver function tests was noted in the subsequent progress reports and prescriptions for Norco were unchanged. Pain levels were not consistently documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: 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 Vicodin since 2009 (containing similar opioids as Norco) and Norco since at least 2013 along with NSAIDs. As noted in the history, the documentation did not justify the use of Norco with pain scores. The NSAID use was intermittent. There was no mention of Tylenol or weaning failure. The Norco is not medically necessary.