

Case Number:	CM15-0108892		
Date Assigned:	06/15/2015	Date of Injury:	02/05/2002
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
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:

This 84 year old man sustained an industrial injury on 2/5/2002. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 2/7/2012. Diagnoses include right lumbar radiculopathy, left knee strain with medial meniscal tear, right hip iliac crest donor site pain, gastroesophageal reflux symptomatology, insomnia due to chronic pain, and atrophy of left quadriceps. Treatment has included oral medications and use of back brace and cane. Physician notes dated 5/5/2015 show complaints of lumbar spine with radiation to the right buttock, leg, and calf and right hip pain rated 7/10 and left knee pain rated 7/10, intermittent gastroesophageal reflux disease, and insomnia. Recommendations include Norco, Nizatidine, Cidaflex, pain management consultation, stop Soma, stop DGL cream, stop Lidoderm patch, continue care with orthopedic surgeon, continue use of lumbosacral orthotic back brace as needed, continue home exercises and stretching, continue use of walking cane, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg Qty 120: 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 since 2009 with intermittent use of topical analgesics and SOMA without significant improvement in pain or function. Continued and chronic use of Norco is not medically necessary.