

Case Number:	CM15-0109060		
Date Assigned:	06/15/2015	Date of Injury:	05/07/2004
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
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 was a 61 year old female, who sustained an industrial injury, Mat 7, 2004. The injury was sustained when the injured worker was putting groceries away when the stepladder fell forward and the injured worker fell backwards. The injured worker previously received the following treatments cervical neck MRI, lumbar spine MRI, neck and back brace, random toxicology laboratory studies was negative for any unexpected findings, Lyrica, Flexeril/Flurbiprofen compound ointment, Trepadone, Percura, Norco, Sentra PM and Sentra AM. The injured worker was diagnosed with neck pain, cervical radiculitis, right knee internal derangement, status post total knee replacement, lumbar radiculitis, chronic pain syndrome, chronic pain related depression, chronic pain related insomnia, tension headaches, myofascial syndrome, chronic pain syndrome, neuropathic pain, chronic pain related depression and insomnia. According to progress note of May 15, 2015, the injured workers chief complaint was the cervical dorsal, thoracolumbar, lumbosacral and bilateral knee pain. The injured worker rated the [pain at 8 out of 10 without pain mediation and The injured worker described the pain a sharp, aching, tingling, numbness, shooting, severe, intense, continuous, random, tightness, varying with activity. The pain was aggravated by almost any movement, changing position, bending, pulling, lifting, cooking, cleaning, climbing stairs, sitting for an extended time, trying to get up and moving in the morning, walking short distances, walks with a limp, getting dressed, bathing, carrying groceries and repetitive motions. The physical exam noted spinal restrictions for C1, C2, C3, C4, C5, C6, C7, L1, L2, L3 L4 and L5. There was restriction and subluxation of the bilateral knees. There was pain and tenderness of the upper to mid to lower

cervical, cervicothoracic, lower lumbar and upper lumbar. There were moderate muscle spasms noted in the lumbar, upper thoracic, left side of the neck, left trapezius lumbar, left anterior right side of the neck, left trapezius There was moderate muscle spasms were noted in the lumbar, upper thoracic, left side of the neck, posterior neck, right posterior shoulder, right posterior trapezius, right lumbar, left knee. There was decreased range of motion to the left knee, lumbar spine and cervical neck. The treatment plan included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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 opioids since at least 2013 at which time a UDS was inconsistent with medications prescribed (10/25/13). The claimant had also been on Tramadol in 2014 due to prior Norco denial. There was no significant in pain or function over time. There was no mention of failure of 1st line medications. The Norco is not medically necessary.