

Case Number:	CM15-0134036		
Date Assigned:	07/22/2015	Date of Injury:	11/19/2011
Decision Date:	08/18/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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 57 year old male, who sustained an industrial injury on 11/19/2011. Diagnoses include neck pain and low back pain. Treatment to date has included conservative measures including diagnostics, medications including Norco, Colace and Amitriptyline, physical therapy and the use of a transcutaneous electrical nerve stimulation (TENS) unit. Per the Primary Treating Physician's Progress Report dated 5/05/2015, the injured worker reported neck and low back pain. He rates his pain without medications as 9/10 and with the prescribed medications it drops down to 3/10. Physical examination revealed tenderness at the lumbosacral junction and some pain with lumbar extension. The plan of care included medication management and authorization was requested for Elavil 10mg and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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 over 2 years. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Norco is not medically necessary.