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| Case Number: | CM15-0135275 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 09/11/2014 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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 41 year old male, who sustained an industrial injury on 9/11/14. The injured worker has complaints of neck pain. The documentation noted that cervical range of motion was 80 percent of normal and upper extremity range of motion was normal. The diagnoses have included cervical degenerative disc disease and cervical strain. Treatment to date has included cervical spine X-rays show multilevel degenerative changes and moderately severe degree; norco; ibuprofen; flexeril; physical therapy and magnetic resonance imaging (MRI) of the cervical spine on 1/12/15 showed multilevel degenerative changes without significant spinal stenosis and there is a left-sided disc herniation C6-7 disc. The request was for norco 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

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 without mention of amount of pain level reduction. There was no mention of Tylenol or Tricyclic or weaning failure. The continued use of Norco is not medically necessary.