

Case Number:	CM15-0140344		
Date Assigned:	07/30/2015	Date of Injury:	02/10/2002
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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 50 year old male with an industrial injury dated 02-10-2002. The injured worker's diagnoses include low back pain, lumbar-lumbosacral degenerative disc disease, lumbar radiculopathy, cervical pain, esophageal reflux, knee pain and cervical disc disorder. Treatment consisted of Magnetic Resonance Imaging (MRI) of left knee, X-ray of chest & left knee, urine toxicology screen, electromyography (EMG)-Nerve conduction velocity (NCV), prescribed medications, neurology consultation and periodic follow up visits. In a progress note dated 06-18-2015, the injured worker reported neck pain, lower back pain, right shoulder pain, left knee pain, right hand pain and bilateral feet pain. The injured worker rated pain with medications as 6 out of 10 and a 8.5 out of 10 without medications. Objective findings revealed left knee brace & back brace, depressed affect, and tenderness to palpitation of the cervical spine, right shoulder and left knee. Physical exam also noted decrease deep tendon reflexes in the bilateral upper and lower extremities and decrease sensation over bilateral feet, bilateral L4-S1 dermatomes, and surgery site of left knee. Treatment plan consisted of medication management. The treating physician prescribed Norco 10/325mg #90 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Criteria for use of Opioids, Weaning of Medications.

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 Morphine for over a year with a persistent high level of 8/10 pain. The continued and chronic use of Norco is not medically necessary.