

Case Number:	CM15-0143010		
Date Assigned:	08/03/2015	Date of Injury:	09/01/2003
Decision Date:	08/31/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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 58 year old male sustained an industrial injury to the low back on 9-1-03. Magnetic resonance imaging lumbar spine (3-15-15) showed discogenic spondylosis from L3-4 to L5-S1, right disc protrusion at L5-S1 compressing the right S1 nerve and foraminal narrowing at L4-5. Recent treatment consisted of medication management. In a progress note dated 1-30-15, the injured worker complained of pain 9 out of 10 on the visual analog scale. In a progress note dated 6-24-15, the injured worker complained of ongoing low back pain rated 9 out of 10, with radiation down the leg. The injured worker reported that oral medications helped to relieve his pain. Physical exam was remarkable for tenderness to palpation at L5 with palpable myofascial spasms, full 5 out of 5 bilateral lower extremity strength with decreased Achilles deep tendon reflex bilaterally and intact sensation. Current diagnoses included lumbar radiculopathy, lumbar spine degenerative disc disease, lumbar facet arthritis, lumbar myofascial spasms and lumbar herniated disc disease. The physician noted that several attempts to request for further diagnostic testing to ascertain whether the injured worker was a surgical candidate and requests for epidural steroid injections had been unsuccessful. The treatment plan included continuing home exercise and renewing oral medications (Norco and Lyrica).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of 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 for an unknown length of time. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not justified and not medically necessary.