

Case Number:	CM15-0145556		
Date Assigned:	08/06/2015	Date of Injury:	07/09/1998
Decision Date:	09/03/2015	UR Denial Date:	07/05/2015
Priority:	Standard	Application Received:	07/27/2015

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 (IW) is a 55 year old male who sustained an industrial injury on 07/09/1998. He reported back pain. The injured worker was diagnosed as having: Lumbago; Displacement of lumbar disc without myelopathy; Degenerative lumbar/lumbosacral intervertebral disk; Treatment to date has included a lumbar fusion L3-4 on 02/13/13 followed by an infection. Currently, the injured worker complains of chronic back pain. He takes the following medications: Norco, Flexeril, and Motrin. According to the worker, he needs these prescribed medications for analgesia purposes, he needs these medications for activities of daily living, he denies any adverse effects of these medications, and denies any abuse or side effects of these medications. His pain is at a level of 4 on a scale of 10. He denies any new side effects of these medications. On his last documented exam of 04-23-2015, he complained of pain in the left upper lumbar paraspinal muscle region, which he feels may be loose hardware. He has been developing progressive right leg radicular symptoms. His pain is achy in character and is constantly there. On exam, he was able to transfer and ambulate with minimal guarding, his back range of motion revealed a flexion of 40 degrees and extension of 10 degrees. Lower extremity range of motion was good with exception of his hips, which is limited. He had moderate tenderness to palpation across the low back especially over the left lumbar paraspinal muscles. The plan was for continuation of medications. A request for authorization was made for: 1. Motrin 800mg #90 2. Norco 10/325 #120

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 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 for several months. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.