

Case Number:	CM15-0161492		
Date Assigned:	08/27/2015	Date of Injury:	07/29/2014
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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(n) 46 year old male, who sustained an industrial injury on 7-29-14. He reported pain in his lower back. The injured worker was diagnosed as having lumbar strain, lumbar disc herniation and left lower extremity radicular pain. Treatment to date has included an L4-L5 epidural injection with minimal improvement, an EMG-NCV on 2-13-15, a lumbar MRI and Norco since at least 1-29-15. On 6-1-15, the injured worker reported that Norco brings his pain down from 8 out of 10 to 4 out of 10. As of the PR2 dated 7-20-15, the injured worker reports persistent pain in the lumbar spine. He rates his pain a 5 out of 10 currently, a 7-8 out of 10 without medications and a 2-3 out of 10 with medications. Objective findings include tenderness to palpation and spasms in the lumbar spine, limited lumbar flexion and a positive straight leg raise test on the left. The treating physician requested Norco 10-325mg #90.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco
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 at least 6 months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Although, the claimant did have pain improvement with the use of Norco, the continued and chronic use of Norco is not medically necessary.