

Case Number:	CM15-0163228		
Date Assigned:	08/31/2015	Date of Injury:	12/19/2001
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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 36 year old male with an industrial injury dated 12-19-2001. The injured worker's diagnoses include lumbago and ankle joint pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-29-2015, the injured worker reported increased pain and significant distress due to the denial of pain medications. Objective findings revealed tenderness at ankle with decrease range of motion, lumbar spine tenderness, facet joint tenderness and decrease lumbar flexion and extension. The treatment plan consisted of medication management .The treating physician prescribed Norco 10-325mg #240, 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 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 first 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 and at times pain was 0/10 in April 2015 where Norco was minimally used to now up to 6 /day. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The need to scale on such high frequency without determining other factors is not justified. The continued use of Norco as above is not medically necessary.