

Case Number:	CM15-0164533		
Date Assigned:	09/01/2015	Date of Injury:	08/03/2004
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/21/2015

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 56 year old male, who sustained an industrial injury on August 3, 2004. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medications, injections, acupuncture and functional restoration program. Currently, the injured worker complains of neck, shoulder and bilateral leg pain. He reports increased pain down his right leg accompanied by numbness and tingling to his foot. He experiences difficulty ambulating and has an altered gait. He reports a decrease in activities of daily living by 50%. The injured worker is currently diagnosed with lumbosacral spondylosis. His work status was not included. A note dated March 18, 2015 states the injured worker participated in a functional restoration program and has done well. June 1, 2015 states the injured worker experiences efficacy from Norco. It also states the injured worker experienced a 50% decline in his ability to function. The therapeutic response to injections and acupuncture was not included in the documentation. The medication Norco 10-325 mg #90 is requested to reduce-alleviate pain.

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 On-Going Management.

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, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.