

Case Number:	CM15-0168030		
Date Assigned:	09/08/2015	Date of Injury:	09/11/2012
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/26/2015

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 52 year old female, who sustained an industrial injury on September 11, 2012, incurring low back and right knee injuries. Her pain was increased with range of motion and increased with flexion and extension of her lower extremities. Magnetic Resonance Imaging of the right knee revealed a posterior horn medial meniscus tear and a lumbar Magnetic Resonance Imaging showed disc bulging with degenerative disease and no spinal stenosis. She was diagnosed with lumbar radiculopathy and a medial meniscus tear. Treatment included neuropathic medications, muscle relaxants, opioid medications, physical therapy and home exercise program. Currently, the injured worker complained of increased low back pain radiating down the right lower extremity into the right foot accompanied with tingling. The pain was aggravated by activity, bending and walking. She complained of muscle spasms in the low back bilaterally. She noted limited activities of daily living with self-care and hygiene, ambulation and sleep. Her pain was rated 1 out of 10 with pain medications and 2 out of 10 without pain med. She noted her pain was improved. The treatment requested authorization for a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 80.

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 minimal pain without medications (2/10). The claimant was on NSAIDS and muscle relaxants. Pain reduction attributed to Norco unknown. The continued use of Norco is not medically necessary.