

Case Number:	CM15-0169152		
Date Assigned:	09/10/2015	Date of Injury:	07/09/2013
Decision Date:	10/07/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/28/2015

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 57 year old female with an industrial injury dated 07-09-2013. A review of the medical records indicates that the injured worker is undergoing treatment for chronic cervical strain, rule out disc herniation; chronic lumbar strain, rule out lumbar disc herniation; bilateral arm pain, and circumferential bulge at L2-3 with a probable small annular tear per Magnetic Resonance Imaging (MRI) dated 11-19-2013. Treatment consisted of radiographic imaging urine dug screens, prescribed medications, and periodic follow up visits. Medical records (12-15-2014 to 8-12-2015) indicate persistent pain in the neck and lower back. Records also indicate that the injured worker rated neck pain a 6 out of 10 and lower back pain an 8-9 out of 10. The injured worker reported improvement with rest and medication and that the Norco helps to decrease pain to 4 out of 10. Objective findings (12-15-2014 to 8-12-2015) revealed antalgic gait, decreased cervical range of motion and tenderness over midline. Lumbar spine exam revealed decreased range of motion, tenderness, and positive straight leg raises on left, and decreased strength and sensation. Medical records indicate that the injured worker has been on Norco at least since 12-15-2014. The treating physician prescribed Norco 10-325 mg Quantity 90, 1-2 tablets every 8 hours as needed for pain, now under review. Utilization Review determination on 08-12-2015, non-certified the request for Norco 10-325 mg Quantity 90, 1-2 tablets every 8 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90, 1-2 tablets every 8 hrs as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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 and chronic use of Norco is not medically necessary.