

Case Number:	CM15-0169534		
Date Assigned:	09/10/2015	Date of Injury:	07/26/2013
Decision Date:	10/07/2015	UR Denial Date:	07/30/2015
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 50 year old male, who sustained an industrial injury on July 26, 2013. The injury occurred while the injured worker was carrying a box and experienced severe back pain. The diagnoses have included lumbosacral degenerative disc disease, lumbar radiculopathy, lumbar of lumbosacral degeneration of intervertebral disc, lumbar disc herniations, lumbar paraspinal muscle spasms, sacroilitis of the right sacroiliac joint, chronic pain, thoracic or lumbosacral neuritis or radiculitis unspecified and psoriasis. The injured worker was to return to modified duties on July 25, 2015. Current documentation dated July 15, 2015 notes that the injured worker reported severe constant low back pain rated 3 out of 10 on the visual analogue scale. The injured worker was noted to have had a severe flare-up of psoriasis. The documentation notes that there was no functional change since the last examination. Documentation dated June 8, 2015 noted the injured workers pain level to be 8 out of 10 most of the time with flare-up reaching 9 out of 10. Treatment and evaluation to date has included medications, radiological studies, MRI, epidural steroid injections, urine drug screen (7-15- 2015), physical therapy and chiropractic treatments. Current medications include Norco, Soma and Celebrex. The injured worker has been prescribed Norco since at least March of 2014. The injured worker was noted to take Norco for flare-ups of his low back pain. The injured workers urine drug screen was consistent with the prescribed medication. The treating physician's request for authorization included Norco 10 mg # 60. The original Utilization Review dated July 30, 2015 non-certified the request for Norco 10 mg # 60 due to lack of documentation of the injured workers pattern of use, response to the medication and assessment of pain relief and functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #60: 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 use of Norco is not medically necessary.