

Case Number:	CM15-0169643		
Date Assigned:	09/10/2015	Date of Injury:	04/19/2011
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
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 61-year-old, male who sustained a work related injury on 4-19-11. The diagnoses have included intervertebral lumbar disc disorder with myelopathy, lumbar spinal stenosis, thoracic compression fracture, trochanteric bursitis. Gastritis and sleep disorder. He is currently being treated for low back and left shoulder pain. Treatments in the past include oral medications, physical therapy and an epidural steroid injection. Current treatments are oral medications. Medications he is currently taking are Norco and Protonix. In the PR-2 dated 7-21-15, the injured worker reports continued, worsening low back pain with bilateral nerve pains in the feet. He has progressive left shoulder pain. He is getting some benefit from his medications, which allow him tolerance to perform activities of daily living. Upon physical exam, he has moderate paracervical and lumbar myospasm. He cannot abduct or anterior flex the left arm above 90 degrees. He is not working. The treatment plan includes refills of medications. The Request for Authorization, dated 7-24-15, requests Norco and Protonix. The Utilization Review, dated 8-3-15, regarding Norco, "the current medical records do not document the patient's physical and psychosocial functioning as a result of the opioid use. The objective findings on exam do not reflect the need for continued opioid use." Norco 10-325mg 1-2 tabs by mouth as needed for pain #249 is modified to Norco 10-325mg #80 with no refills.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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 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 in combination with NSAIDS and Dilaudid. Prior use of other opioids included Oxycodone. There was no mention of Tylenol, NSAID, or weaning failure. The continued use of Norco is not medically necessary.