

Case Number:	CM15-0169907		
Date Assigned:	09/10/2015	Date of Injury:	10/02/2013
Decision Date:	10/08/2015	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 57 year old male, who sustained an industrial injury on 10-02-2013. The injured worker was diagnosed as having degenerative disc disease at L4-5 and L5-S1. Treatment to date has included diagnostics, physical therapy, lumbar epidural injections (6-16-2015 and 6-30-2015), and medications. The progress note (5-29-2015) recommended the use of Norco 10-325mg (one every 6 hours as needed), for pain level 7 out of 10. It was documented that Baclofen and Naproxen had not helped him. Previous progress reports referenced the use of Tylenol #4 (one every 6 hours as needed) and Baclofen. Currently (7-07-2015), the injured worker complains of persistent pain in the lumbar spine and hips, along with a sensation of numbness in the left leg. He reported that the epidural steroid injections had not helped him at all. It was documented that he was taking Norco and Baclofen, three per day, and that "this medication has not relieved his pain". On 7-09-2015, his pain was rated 7 out of 10, and it was documented that he was "extremely disabled by his pain". He had limited standing, sitting, and walking abilities. His work status remained total temporary disability. Urine toxicology was not noted. The treatment plan included the continued use of Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 Percocet and Tylenol # 4 for several months without significant improvement in pain or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. No one opioid is superior to another. The continued use of Norco is not medically necessary.