

Case Number:	CM15-0180864		
Date Assigned:	09/22/2015	Date of Injury:	11/16/1996
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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 November 16, 1996. Diagnoses have included foot pain, pain in limb, and diabetic neuropathy, and he presents with low back pain. Documented treatment includes bilateral 5th digit toe amputation, and 2nd and 4th digits removed on the right foot; wound care for diabetic ulcers; and, he has been using Norco for at least one year for pain stated to enable him to function. He is also being tapered off of Valium which he has taken for several years. On 8-27-15, the physician stated writing a prescription for Hydrocodone-acetaminophen 10-325. He is currently having derma graft treatment, and attends dialysis three times per week. The injured worker continues to complain of increasing back and foot pain at 9 out of 10 without medication, with medication bringing it down to a 7. Subjective examination revealed "normal" range of motion with bilateral feet, no edema, and no tenderness on palpation. His lumbar spine showed restricted range of motion with flexion limited to 50 degrees, extension limited, and lateral right and left rotation limited to 30 degrees, with the injured worker being unsteady during the range of motion assessment. The treating physician's plan of care includes Norco 10-325 mg. #150 with one refill. This was modified to #113 with no refill. The injured worker is not presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 with 1 refill: 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, criteria for use, 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 over a year. There was no mention of Tylenol, NSAID, or weaning failure. Long-term use of short acting opioids is not recommended. The continued use of Norco is not medically necessary.