MAXIMUS Federal Services

Case Number:	CM15-0181050		
Date Assigned:	09/22/2015	Date of Injury:	01/26/2001
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
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 female, who sustained an industrial injury on 1-25-01. She reported left elbow pain with radiation to the shoulder and hand. The injured worker was diagnosed as having lumbar radiculopathy, status post lumbar spine fusion, chronic pain, rule out painful hardware, spasm with trigger point in the right cervical spine or trapezius. Treatment to date has included L4-5 and L5-S1 posterior lumbar interbody fusion in February 2009, Cortisone injections to the elbow, a spinal cord stimulator trial, physical therapy, lumbar epidural injections, and medication. On 7-21-15, pain was rated as 9 of 10 with medication and 10 of 10 without medication. On 7-21-15, the treating physician noted "the patient reports ongoing activity of daily living limitations in the following areas due to pain: self-care, hygiene, activity, ambulation, hand function, and sleep." The injured worker had been taking Norco since at least July 2015. Currently, the injured worker complains of neck pain and low back pain. The treating physician requested authorization for Norco 10-325mg #60. On 8-19-15, the request was non- certified; the utilization review physician noted, "without evidence of objective functional benefit with prior medication use, and due to non-compliance to medication guidelines, medical necessity is not supported."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 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, criteria for use, Opioids, specific drug list.

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 per 3 years without significant improvement in pain (from 10 to 9/10) or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.