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| Case Number: | CM15-0181099 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 05/12/2014 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 09/10/2015 |
| 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:

This is a 27 year old male with a date of injury on 5-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for L5-S1 disc protrusion and lumbar radiculitis. According to the progress report dated 8-14-2015, the injured worker complained of low back pain with intermittent radiation down the right lower extremity. He reported cramping in the posterior aspect of the bilateral lower extremities. He rated his back pain as seven out of ten. It was noted that Gabapentin caused severe headaches. Tramadol was not improving his pain. The use of Norco was not documented in the submitted records. Per the treating physician (8-14-2015), the injured worker has not returned to work. It was recommended that the injured worker continue with modified duty of no lifting greater than 20 pounds. The physical exam (8-14-2015) revealed inability for lumbar extension due to pain. There was mild pain on palpation of the L5 spinous process. There was moderate tenderness to palpation on the bilateral gluteus musculature and bilateral paralumbar musculature. Treatment has included chiropractic treatment, physical therapy, epidural steroid injection (ineffective) and medications. It was noted (4-28-2015) that the injured worker took Cyclobenzaprine, Naproxen and Omeprazole for two months with only mild relief. The request for authorization dated 9-2-2015 was for Norco and Lyrica. The original Utilization Review (UR) (9-10-2015) denied a request for Norco. Utilization Review approved a request for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #75: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, 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 NSAIDS without significant improvement in pain or function. The short-term trial of Norco is appropriate to address the pain and improve function. Norco is appropriate and medically necessary.