

Case Number:	CM15-0183708		
Date Assigned:	09/24/2015	Date of Injury:	11/27/2006
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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 51-year-old male who sustained an industrial injury on 11/27/2006. Medical records indicated the worker was treated for Postlaminectomy syndrome, lumbar region; Major depressive disorder, single episode; Moderate, displacement of thoracic or lumbar intervertebral disc without myelopathy; Lumbosacral spondylosis without myelopathy; Thoracic or lumbosacral neuritis or radiculitis, unspecified; and Intervertebral disc disorder with myelopathy. In a review of the Primary Treating Physician's Progress Reports (01-07-2015 through 09-21-2015), the worker is seen for periodic evaluation of his lower back pain. His medications include Norco (strength 10-325 taken four times daily), Colace, Motrin, and Zanaflex. The worker complains of low back pain that radiates in to the bilateral buttocks. He has occasional pain flares and was hospitalized for one of those flares on 12-22-2014. He has continued on Norco at the same dosage since January 2015. The provider notes state the worker had a urine drug screen (UDS) 01-09-2015 that was inconsistent with his filled medication prescriptions, but the urine drug screen of 03-09-2015 was consistent. No actual reports of the UDS were provided. His pain levels on 08-24-2015 were recorded as high as a 9 on a scale of 0-10 dropping to a 6 on a scale of 0-10 with medication. The medication was reported to allow him to carry out some activities of daily living such as meal preparation, shopping, and home upkeep. On 08-24-2015, the worker has objective findings of ongoing tenderness to lumbar paraspinals with decreased range of motion in all planes. According to provider notes: "He does not have a home exercise program. He has other chronic medical conditions that prevent him from being very active". The treatment plan is to give prescriptions for continuation of Norco.

A request for authorization was submitted for Norco 10/325mg #120 with 2 refills. A utilization review decision 09-08-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: 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 Norco for several months with improved function. The combined use of Norco and Motrin provide minimum pain score reduction. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Future pain response and need cannot be determined to necessitate 2 refills. The continued use of Norco as prescribed is not medically necessary.