

Case Number:	CM15-0184274		
Date Assigned:	09/24/2015	Date of Injury:	05/21/2009
Decision Date:	11/17/2015	UR Denial Date:	08/18/2015
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 male individual who sustained an industrial injury on 5-21-09. The medical records indicate that the injured worker is being treated for status post lumbar laminectomy syndrome with residual pain; herniated nucleus pulposus L5-S1; failed back surgery syndrome. He currently (8-6-15) complains of back pain especially when changing position with pain to the lower extremities as far as the planar aspect of the feet. He ambulates with a cane favoring the right leg. On physical exam (6-30-15) there was tenderness to palpation of the lumbosacral junction with muscle spasms present with compression. Pain levels were not enumerated. There was no documentation of abuse present in the records. An MRI of the lumbar spine dated 11-18-11 revealed a new disc protrusion. He has been treated with Norco (has been on this since at least 3-11-15), gabapentin and his MS Contin has been discontinued (in the past he has been on Neurontin but had dizziness, Lyrica; prior epidural steroid injections; microdiscectomy on the left side at L5-S1 (2-17-12) and then a second operation on 12-21-12 without improvement; pain management (started 3 2013); spinal cord stimulator with improvement; physical therapy. The request for authorization was not present. On 8-18-15 Utilization Review non-certified the request for Norco 10-325mg #120 and modified for 1 refill for continued weaning over the next 3-4 months.

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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and 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 along with MSContin for several months without mention of pain score reduction. Currently the claimant is not on MSContin but pain response is unknown. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.