MAXIMUS Federal Services

Case Number:	CM15-0185935		
Date Assigned:	09/28/2015	Date of Injury:	08/29/2011
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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 47 year old man sustained an industrial injury on 8-29-2011. Evaluations include lumbar spine MRI dated 11-14-2013. Diagnoses include chronic pain and lumbar radiculopathy. Treatment has included oral medications and lumbar epidural steroid injection. Physician notes dated 4-20-2015 show complaints of neck pain with radiation to the left upper extremity, low back pain with radiation down the bilateral lower extremities with numbness and muscle weakness, and insomnia. The worker rates his pain 10 out of 10 without medications and 8 out of 10 with medications. The physical examination shows JAMAR scores right 50-30-20 and left 40-50-40, tenderness was noted on palpation of the bilateral paravertebral L4-S1 muscles, lumbar spine range of motion showed decreased flexion to 50 degrees, and extension to 20 degrees due to pain. Sensitivity to touch was noted in the L5-S1 dermatomes of the left lower extremity. Reflexes were normal and symmetric, straight leg raise was positive in the left leg in the seated position at 50 degrees, and foot drop was absent. Recommendations include Doxepin, Norco, Pantoprazole, and follow up in one month. Utilization Review modified a request for Norco on 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120, 1 refill: Upheld

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.

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 without significant improvement in pain or function. There was no mention of Tylenol or weaning failure. The continued use of Norco is not medically necessary.