Case Number:	CM15-0186201		
Date Assigned:	09/28/2015	Date of Injury:	12/28/2006
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/22/2015

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 37 year old female who sustained an industrial injury on December 28, 2006. A recent primary treating office visit dated July 28, 2015 reported subjective complaint of "increased lower back pain with muscle spasms that flared up two weeks ago after walking." Of note, she has missed "a few" days of work due to "the increased low back pain." She even "had to leave work early yesterday due to severe pain." Her pain has been aggravated with standing, walking and prolong sitting. She takes one tramadol ER daily and one or two Norco for break through daily. She also takes one or two Celebrex and one Skelaxin and Prilosec daily. The worker reports "functional improvement in pain with her current medication regimen." She notes "improvement with her activities of daily living, as well as an increased ability to continue working, to sit, stand and walk as a result of her current medication usage." The following diagnosis was applied to the visit: L4-5 posterior disc protrusion and extrusion with annular tear and compromise on the transversing and exiting nerve roots, right greater; L5-S1 posterior disc bulge with compromise on the exiting nerve roots per magnetic resonance imaging July 2014. The plan of care is with recommendation to continue with medications with prescription for Tramadol, Norco, and skelaxin; proceed with trigger point injections right para lumbar and right gluteal muscles due to severe flare up; Opioid agreement reviewed and compliant; pending authorization for ergonomic evaluation of work environment and follow up. Primary follow up dated February 26, 2015 reported subjective complaint of "increased lower back pain that continues to radiate into her right lower extremity." She reports "a recent flare-up of her lower back pain symptoms caused her to miss a week of work." Current she complains of "frequent

episodes of pain about her lower back, with pain and numbness and tingling radiating into her right lower extremity down to her right foot." She states taking" one Tramadol ER daily; two Celebrex daily" without any side effect. She reports "functional improvement and improvement in pain with her current medication regimen. Currently she rates the pain "3" with the use of medication and "8 or 9" without the medication. She reported "improvement with her activities of daily living, as well as increase ability to continue working as a result of her current medication usage." On August 11, 2105 a request was made for Norco 10mg and 325mg #60 that was non-certified by utilization Review on August 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #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 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 first 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. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.