

Case Number:	CM15-0186818		
Date Assigned:	09/28/2015	Date of Injury:	02/20/2013
Decision Date:	11/06/2015	UR Denial Date:	09/22/2015
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(n) 64 year old male, who sustained an industrial injury on 2-20-13. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet arthropathy and chronic pain syndrome. Medical records (3-30-15 through 6-1-15) indicated 7-9 out of 10 pain without medications and 3-4 out of 10 pain with medication. The physical exam (3-30-15 through 6-29-15) revealed lumbar flexion was 50 degrees, extension was 15 degrees and a negative straight leg raise test. Treatment to date has included Percocet and Anaprox. The comprehensive drug panel dated 8-24-15 showed "none detected" for all medications tested. As of the PR2 dated 8-24-15, the injured worker reports pain and stiffness to his lumbar spine radiating down both legs. He rates his pain 9 out of 10 without medications and 4 out of 10 with medications. Objective findings include "limited" lumbar range of motion, a negative straight leg raise test and tenderness to palpation over the bilateral paraspinal muscles. The treating physician noted that the insurance company will not authorize Percocet. The treating physician requested to start Norco 10-325mg #60. The Utilization Review dated 9-22-15, non-certified the request for Norco 10-325mg #60 and certified the request for Anaprox 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

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 Percocet for an unknown length of time. Due to lack of approval, a request was place for Norco. No one opioid is superior to another. In addition, there is not mention of failure of Tylenol, NSAIDS or Tricyclics. The request for Norco is not medically necessary.