

Case Number:	CM15-0188228		
Date Assigned:	09/30/2015	Date of Injury:	02/14/2007
Decision Date:	11/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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 60 year old male, who sustained an industrial injury on February 14, 2007, incurring upper and lower back injuries. He was diagnosed with cervicgia, cervical, lumbar and thoracic spinal disc degeneration. Treatment included pain medications, anti-anxiety medications, muscle relaxants, anti-inflammatory drugs, and home exercise program and activity restrictions. Currently, the injured worker complained of persistent back and neck pain. He noted increased lumbar tenderness with muscle spasms radiculopathy into the right leg and calf. He reported numbness and tingling in the arms and fingers radiating from the cervical spine region interfering with his activities of daily living. The treatment plan that was requested for authorization included a prescription for Norco 5-325 mg, #360 with 2 refills. On September 23, 2015, a request for a prescription for Norco was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #360 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 over a year without documentation of pain reduction trend scores. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.