

Case Number:	CM15-0189223		
Date Assigned:	10/01/2015	Date of Injury:	09/02/2010
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/25/2015

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 50 year old male, who sustained an industrial injury on September 2, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having history of right inguinal hernia indirect, hypertension of industrial causation and low back pain and strain. Treatment to date has included diagnostic studies and medication. On July 8, 2015, the injured worker complained of continued low back pain rated 4 on a 1-10 pain scale and hernia rated 3 on the pain scale with medication. Without medication, his pain was noted to increase to a 6-8 on a 1-10 pain scale in the low back and hernia. Notes stated that with medications, he could function better, sit better, stand better, walk better, do light exercise, cook and clean. The treatment plan included an eight-week follow up appointment and continuation of Norco medication. On August 24, 2015, utilization review denied a request for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 6 months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.