

Case Number:	CM15-0190411		
Date Assigned:	10/02/2015	Date of Injury:	04/18/2012
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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 51 year old, male who sustained a work related injury on 4-19-12. A review of the medical records shows he is being treated for lower back pain. Current medications include Carisoprodol and Norco. He has been taking the Norco since at least 2-2015. In the progress notes, the injured worker reports constant and continuous low back pain. His back is constantly tense-tight. He states he is having worsening symptoms in his lower back and shooting pain-numbness in his left leg. He states no improvement since last visit. He states medications "helps relieve pain by at least 50%." Pain and spasms are unchanged. On physical exam dated 8-27-15, he has tenderness over midline lumbar spine and has paraspinal tenderness. He has palpable paraspinal spasms or induration demonstrated. He has decreased and painful lumbar range of motion. He is not working. The treatment plan includes refills of medications. The Request for Authorization dated 8-31-15 has requests for Carisoprodol and Norco. In the Utilization Review dated 9-3-15, the requested treatment of Norco 10-325mg. #240 1-2 tabs by mouth four times a day-as needed is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #240, 1-2 tabs po QID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic 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 in combination with Carisoprodol, which can create a heroin like effect. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.