

Case Number:	CM15-0191565		
Date Assigned:	10/05/2015	Date of Injury:	04/10/2003
Decision Date:	11/10/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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 55 year old male, who sustained an industrial injury on 4-10-03. Medical records indicate that the injured worker is undergoing treatment for diffuse discogenic disc disease of the cervical spine, cervical spinal stenosis, lumbar discogenic disease and low back pain. The injured worker was working full duty. On (9-11-15 and 9-4-15) the injured worker was evaluated for his lumbar and cervical spine injuries. The injured worker noted daily cervical pain that responded to medications. The injured worker was noted to have had cervical facet injections, which were still helping the pain. Objective findings and current pain levels were not provided. The injured worker was noted to take Naproxen on a regular basis, which helped with the pain and allowed him to function at his current level. Norco was used for breakthrough pain when the injured worker was at home. Treatment and evaluation to date has included medications, cervical radiofrequency ablation, cervical facet injections and lumbar epidural steroid injections. Current medications include Naproxen and Norco (since at least October of 2009). Current treatment request is for Norco 10-325 mg # 40. The Utilization Review documentation dated 9-22-15 modified the request to Norco 10-325 mg # 15 (original request # 40)

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: 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 2 years in combination with NSAIDS. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.