

Case Number:	CM15-0195317		
Date Assigned:	10/09/2015	Date of Injury:	03/29/2013
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 female with a date of injury on 03-29-2013. The injured worker is undergoing treatment for chronic low back pain, neck and right knee pain. She has comorbid diagnoses of hypertension, and diabetes. A physician note dated 06-25-2015, and 07-23-2015 documents the injured worker rates her pain as 3-4 out of 10 with medications and 8-9 out of 10 without her medications. She has no new problems. She uses her pain medications sparingly and appropriately. A physician progress note dated 09-17-2015 documents the injured worker's pain has increased since her last visit. She rates her pain with medications as 7 out of 10 on the pain scale and without medications her pain is 10 out of 10. Her activity has also decreased. She has neck pain that is electric like and she has popping and locking in her knees. She has consent pain in the back with difficulty getting up. She has an antalgic gait. The cervical spine range of motion is restricted and there is paravertebral muscle hypertonicity, spasm and tenderness of both sides. Her lumbar spine range of motion is restricted with pain. She has spasm, tenderness and tight muscle bands of her paravertebral muscles on both sides. Lumbar facet loading is positive on both sides and straight leg raise is positive on the right. Right knee range of motion is restricted, painful and weak. Crepitus is noted with active movement. There is a positive McMurry's. She has tenderness to palpation over the lateral joint line and medial joint line. She is taking meds as prescribed and there are no signs of intolerance. She still has pain and symptoms on a continuous basis but they are alleviated somewhat by current meds. Her medications improve her capability of ADL including household tasks. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic

sessions, and acupuncture and activity modifications. Current medications include Norco (since at least 12-11-2014), Amlodipine, Glipizide, Lisinopril and Metformin Hcl. She has failed Gabapentin and Cymbalta. A lumbar spine Magnetic Resonance Imaging done on 05-01-2013 revealed degenerative disc disease at L4-5 with some neural foramina encroachment from bulging. A Magnetic Resonance Imaging of the right knee done on 07-01-2013 revealed no meniscal tear. On 09-24-2015 Utilization Review non-certified the request for Norco 5/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #30: 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 a year. There was no mention of Tylenol, NSAID or weaning failure. The continued and long-term use of Norco is not medically necessary.