

Case Number:	CM15-0195734		
Date Assigned:	10/09/2015	Date of Injury:	09/15/2004
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
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 65 year old female who sustained an industrial injury on September 15, 2004. A recent encounter dated September 10, 2015 reported a history of low back pain and right lower extremity numbness in the setting of spondylolisthesis and lumbar degenerative disc disease with radiculopathy. Current medication listed: Norco. The following diagnoses were attached to this visit: degeneration of cervical intervertebral disc; neck sprain; osteoarthritis of spinal facet joint; degeneration of lumbar intervertebral disc; sacral radiculopathy; lumbosacral radiculopathy; displacement of lumbar intervertebral disc without myelopathy, and lumbago. She is to continue with conservative measures including: application of heat, ice, rest and gentle exercising and stretching. Pain management follow up dated July 14, 2015 reported subjective complaint of "back had flared a lot" since she was sitting and standing for a long time. She states being able to walk for 15 minutes or more. Today her pain is worse and she needed to lie down in exam room. The patient reports "the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow her to complete necessary ADLs." On September 15, 2015 a request was made for Norco 5mg 325mg #180 that was noncertified by Utilization Review on September 22, 2105.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 short acting opioids including Percocet for over 2 years. There was no mention of Tylenol, NSAID, or Tricyclic failure. The continued use of Norco is not medically necessary.