

Case Number:	CM15-0196054		
Date Assigned:	10/09/2015	Date of Injury:	08/13/2014
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This is a 67 year old male who sustained an industrial injury on 8-13-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy. Medical records (4-29-2015 to 7-22-2015) indicate ongoing pain in the lower back, both legs and both ankles. He rated his average pain 6 out of 10, his best pain 5 out of 10 and his worst pain 10 out of 10. Per the treating physician (7-22-2015), the injured worker was temporarily totally disabled. The physical exam (7-22-2015) revealed tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasm. Treatment has included physical therapy and medications (Norco since 8-23-2014). The treating physician indicates (6-24-2015) that the urine drug testing result was positive for opioids. The original Utilization Review (UR) (10-1-2015) modified a request for Norco from #90 to #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1po tid prn pain #90: 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, criteria for use, 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 has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function and VAS reduction with medication was not provided. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.