

Case Number:	CM15-0199792		
Date Assigned:	10/15/2015	Date of Injury:	08/05/2003
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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 60 year old male, who sustained an industrial injury on August 5, 2003, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease with disc herniation and lumbar spinal stenosis. He underwent a surgical lumbar laminectomy. Treatment included two lumbar surgeries, physical therapy, diagnostic imaging, pain medications, neuropathic medications and restricted activities. Currently, the injured worker complained of persistent low back pain rated 8-9 out of 10. He noted difficulty caring for his family and performing activities of daily living like cooking and cleaning. His functionality decreased 80% without Norco and was better walking and standing greater than 30 minutes at a time. He was noted to have limited range of motion in the lumbar spine with decreased sensation to the calf. He was diagnosed with lumbar radiculopathy, left calf atrophy and chronic pain syndrome. The treatment plan that was requested for authorization included a prescription for Norco 10-325 mg #90. On September 21, 2015, a request for a prescription for Norco was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

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 and current pain levels are increasing. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and long-term use of Norco is not medically necessary.