

Case Number:	CM15-0201225		
Date Assigned:	10/16/2015	Date of Injury:	05/30/2007
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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 46 year old male, who sustained an industrial injury on 5-30-2007. He reported a low back injury from lifting activity. Diagnoses include lumbago, major depressive disorder, and panic disorder. Treatments to date include activity modification, lumbar support, medication therapy, physical therapy, chiropractic therapy, psychotherapy, epidural steroid injections, and medial facet blocks. On 9-29-15, he complained of increased lower back pain with radiation to the right lower extremity associated with weakness secondary to denial of pain medication. The records indicated Norco 10-325mg, one tablet up to four tablets daily, had been prescribed since 2-12-13, and had been changed at some point to Percocet 7.5mg-325mg since at least January 2015. Pain was rated 8 out of 10 VAS without medication, and use of Norco brought pain levels down to 3-4 out of 10 VAS. It was further documented he was able to work and had increased functional ability with use. The physical examination documented there were multiple trigger point noted in lumbar, gluteal, and QL areas. Trigger point injections were administered on this date. The plan of care included a prescription to return to Norco 10-325mg, one tablet by mouth every six hour as needed for pain, #120 with one refill. The appeal requested authorization for Norco 10-325mg, #120 with one refill. The Utilization Review dated 10-13-15, modified the appeal to allow Norco 10-325mg #120 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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.

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 a year. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.