

Case Number:	CM15-0202485		
Date Assigned:	10/19/2015	Date of Injury:	08/04/2010
Decision Date:	11/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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 51 year old male who sustained an industrial injury on 08-04-2010. According to a progress report dated 09-17-2015, the injured worker returned with persistent pain in his low back, left knee and bilateral heels. He had an upcoming appointment with a psychologist to address his depression and anxiety. Without medications, his pain level was an 8 to 9 on a scale of 1-10. With medications, pain went down to a 5. His wife worked and he took care of the household work. Current medications included Norco 5-325 mg four times a day. Naprosyn and Omeprazole were not filled "although they helped quite a bit". Objective findings included orthotic shoe inserts in both feet. He demonstrated normal gait and stance. Diagnoses included bilateral plantar fasciitis status post right plantar fascial release in 2013 with worsening of symptoms, left knee pain and low back pain due to compensatory abnormal gait. The treatment plan included Norco #120. The provider noted that he did not know why Naprosyn and Omeprazole were not authorized. Follow up was indicated in 4 weeks. Work status included no prolonged standing, walking and no heavy lifting. According to a progress report dated 07-23- 2015, the injured worker did not ask for early refills. He got his medications from one provider. The provider noted that there was a signed pain contract on file and that a urine drug screen on 06-25-2015 was consistent. Documentation submitted for review shows long term use of Norco dating back to 2014. An authorization request dated 09-25-2015 was submitted for review. The requested services included Norco 10-325 mg #120 with no refills. On 10-06-2015, Utilization Review non-certified the request for Norco 10-325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: 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 neuropathic pain, Opioids for chronic 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 opioids including Vicodin since at least 2011. The continued use of Norco is not medically necessary. Long-term use of short-acting opioids is not recommended. The continued use of Norco is not medically necessary.