

Case Number:	CM15-0202894		
Date Assigned:	10/19/2015	Date of Injury:	08/05/2013
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
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 43-year-old male who sustained an industrial injury on 08-05-2013. Medical records indicated the worker was treated for low back pain, lumbar radiculopathy, and myofascial dysfunction. In the provider notes of 09-22-2015, the worker presents with persistent pain in the lower back that he rates at a 5-6 on a scale of 10 and the pain is constant. According to the worker, the pain is getting worse, and he has a persistent numbness and tingling into the left foot and into all toes that have continuous numbness and tingling. Rest and medications make the pain better. He is taking Norco (since at least 06-22-2015) with the reduction of his pain from a 6 to a 4. The pain is made worse with weather and activities. He is requesting Norco and Flexeril. Examination of the lumbar spine revealed decreased range of motion. There was tenderness to palpation of the bilateral lumbar paraspinal muscles with hypertonicity. Palpation of the quadratus lumborum and gluteal muscles revealed tenderness to palpation and hypertonicity bilaterally. Straight leg raise test was positive on the left at 60 degrees with radiation of pain into the anterior left knee. The worker was unable to heel and toe walk. Deep tendon reflexes were 2+ in the L4 and S1 nerve roots bilaterally. Sensation was normal in the L5 and S1 nerve distributions on the right, Sensation was normal in the L4 nerve distributions and decreased in the L5 and S1 nerve distributions on the left. The worker had conservative measures of physical therapy and three epidural injections (that were helpful). The plan is for physical therapy, a consult with a spine surgeon, and request authorization for a Urine Toxicology Screen for next visit. Written prescriptions were given for Norco. There is documentation that Norco decreases his pain, and there is documentation that the worker is currently working, performing

modified job duties. There is no documentation aberrant behavior or adverse side effects. A request for authorization was submitted for Norco (Hydrocodone/Acetaminophen 10/325mg) one tablet every 8 hours quantity 90. A utilization review decision 10-09-2015 modified the request to approve Norco, one tablet every 8 hours #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/Acetaminophen 10/325mg) one tablet every 8 hours quantity 90:
Upheld

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

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 several months. Pain scores were not routinely noted. Although, there was mention in recent notes that its use in combination with NSAIDS is "helpful," there was mention in April that higher dose of Norco was not helpful. There was no mention of Tylenol, or weaning failure. The continued and chronic use of Norco is not justified and is not medically necessary.