

Case Number:	CM15-0204165		
Date Assigned:	10/21/2015	Date of Injury:	05/06/2003
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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 42-year-old female, who sustained an industrial injury on 5-6-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discopathy with radiculopathy. On 9-10-2015, the injured worker reported back pain, numbness and radicular pain in the bilateral legs rated 8 on a scale of 1-10 with 10 being the worse, unchanged since 7-27-2015. The Primary Treating Physician's report dated 9-10-2015, noted the injured worker had been continuing to note substantial benefit of the medication and had nociceptive, neuropathic, and inflammatory pain. The Physician noted there was no evidence of drug abuse or diversion, no aberrant behavior, no side effects, and the most recent urine drug screen (UDS) on 9-10-2014 was within normal limits. The injured worker was noted to be on the lowest effective dosing with about 90% improvement in pain, and had attempted to wean the medications with increased pain, suffering, and decreased functional capacity. The injured worker's current medications were noted to include Butrans patch, Colace, Nexium, Norco, Piroxicam, Robaxin, and Senokot S. The physical examination was noted to show the injured worker uncomfortable, with difficulty getting around the office. Severe tenderness to palpation of the lumbar paraspinal muscles with spasm was noted with S1 and L5 dermatomes demonstrated decreased light touch sensation bilaterally. The injured worker was noted to have significant increase in myofascial pain with movement. The treatment plan was noted to include a request for bilateral SI joint injections as previous trigger point injections did not last long, and medications including Butrans, Colace, Norco, prescribed since at least 12-23-2013, Piroxicam, Robaxin, and Senokot S. The injured worker's work status was noted to be permanent and

stationary. The request for authorization dated 9-11-2015, requested Norco 10-325mg #240. The Utilization Review (UR) dated 9-18-2015, medically denied the request for Norco 10-325mg #240 with weaning recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

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 along with Butrans, NSAIDS and muscle relaxants. There was no mention of Tylenol, or weaning failure. Vas score reduction with use of medication was not provided. The continued and chronic use of Norco is not medically necessary.