

Case Number:	CM15-0209816		
Date Assigned:	10/28/2015	Date of Injury:	02/25/2013
Decision Date:	12/09/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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 35 year old male who sustained an industrial injury on 2-25-2013. A review of medical records indicates the injured worker is being treated for L4-5 and L5-S1 disc degeneration, L4-S1 disc displacement, L5-S1 stenosis, right leg radiculopathy, and chronic intractable pain. Medical records dated 8-17-2015 noted ongoing low back pain with numbness radiating into the right buttocks and down the posterior thigh through the calf into the plantar aspect of the foot. Pain was rated a 7 out of 10 without medications and a 7 out of 10 with medications. Medical records dated 7-13-2015 noted pain was 7 out of 10 with medications and 10 out of 10 without medications. He was having difficulty with bathing, dressing, and walking. Medications help with activities of daily living. Physical examination noted palpable tenderness over the L4-5 and L5-S1 lumbar paraspinal musculature. Straight leg raise was positive on the right at 80 degrees and negative on the left at 90 degrees. Treatment has included injections and Norco since at least 5-27-2015. Utilization review form dated 10-5-2015 modified Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

150 Tablets of Norco 10/325mg: Upheld

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

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 in combination with NSAIDS. There was no mention of Tylenol, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.