

Case Number:	CM15-0023810		
Date Assigned:	02/13/2015	Date of Injury:	03/22/2012
Decision Date:	03/26/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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 female who sustained a work related injury March 22, 2012. Past history included s/p right mid foot fusion with persistent nonunion, right foot neuroma. An interventional pain management follow-up dated December 18, 2014, finds the injured worker presenting with complaints of cervical spine, right shoulder and lumbar spine pain rated 8/10 and unchanged since the last visit a month ago. Physical examination reveals and antalgic gait on the right, unable to perform heel-toe walking on the right and performed on the left with difficulty. She continues to have facet tenderness and increased pain on extension and lateral bending as well as persistent right lower extremity complex regional pain syndrome. She is engaging in daily exercises and stretches as directed by a physical therapist. Diagnoses included cervical and lumbar spine disc disease-radiculopathy and cervical facet joint syndrome; right shoulder impingement and right sacroiliac joint facet arthropathy. Treatment recommendations included right sympathetic lumbar block injection L3-L4 (performed 1/17/2015), awaiting authorization for medial branch facet joint rhizotomy L4-S1, refill medications, random urine toxicology, and psychological consultation. A progress note on 12/10/15 indicated the claimant's pain was 9/10. The claimant had been on Norco since at least July 2014. According to utilization review dated January 21, 2015, the request for Norco 10/325mg QTY: 180 has been modified to Norco 10/325mg QTY: 90 for weaning to off over the next two months, citing MTUS Chronic Pain Medical Treatment Guidelines, Criteria for use of Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 6 months without significant improvement in pain or function. The claimant required other modalities for pain control. The Norco was not adequate. The continued use of Norco is not medically necessary.