

Case Number:	CM15-0025151		
Date Assigned:	02/17/2015	Date of Injury:	10/17/2011
Decision Date:	03/30/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/10/2015

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 54 year old male, who sustained an industrial injury on October 17, 2011. The diagnoses have included neck pain, low back pain, and depression. Treatment to date has included physical therapy, Botox injections and oral pain medications, electromyogram of bilateral upper and lower extremities, Magnetic resonance imaging of lumbar spine. Currently, the injured worker complains of low back pain. In a progress note dated January 7, 2015, the treating provider reports tenderness and mild right side lumbar paraspinal spasms, pain with lumbar extension and at the end range of forward flexion. On February 6, 2015 Utilization Review non-certified a Norco 10/325mg quantity 240, Relafen 750mg quantity 120, and Cymbalta 30mg quantity 120, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg, #240 (date of service: 01/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Criteria for Use and Opioids for Chronic Pain

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 with Relafena and Cymbalta. Although there was improvement with medications, pain relief attributed to Norco cannot be determined. The claimant has been on Norco since at least May 2014. Additional medications were added over time for pain likely due to tolerance. There is no evidence of Tylenol failure or response to pain with other medications and Norco discontinued. The continued use of Norco is not medically necessary.