

Case Number:	CM15-0025693		
Date Assigned:	02/18/2015	Date of Injury:	04/09/2003
Decision Date:	03/30/2015	UR Denial Date:	01/29/2015
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 47 year old female injured worker suffered and industrial injury on 4/9/2003. The diagnoses were lumbar spondylosis, lumbar degenerative disc disease and lumbar disc disorder. The treatments were medications. The treating provider reported low back pain with impaired gait and tenderness to the lumbar muscles. Utilization Review Determination on 1/29/2015 non-certified Norco 10/325mg every 4 hours as needed, for 28 days, #168 modified to #90, MTUS. The claimant had been on Norco since August 2014 along with Fentanyl and recently Oxycontin. The claimant's pain averaged 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg every 4 hours as needed, for 28 days, #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-95.

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 Oxycontin with antidepressants and Norco. The claimant's average pain was 10/10. The claimant had been on Norco for over 6 months in combination with other opioids as well including Fentanyl. The claimant's pain level was high despite multiple opioids indicating tolerance to medication. The continued use of Norco is not recommended.