

Case Number:	CM15-0028267		
Date Assigned:	02/20/2015	Date of Injury:	08/20/2003
Decision Date:	03/31/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/13/2015

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 57-year-old female who sustained an industrial injury on 08/20/03. She reports chronic low back and bilateral knee pain. Diagnoses include pain in joint lower leg right knee, and degeneration lumbar lumbosacral disc. Treatments to date include lumbar ESI, medications, and home exercise program. In a progress note dated 01/23/15 the treating provider recommends lumbar ESI, medications including Norco and Lidoderm patches, and Synvisc injection. On 02/12/15 Utilization Review non-certified the Norco, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Narcotic Norco 10/325mg; one tab q8hr QTY: 90.00: 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 7 months. Initially there was a 50% reduction in pain and now her pain is 7/10. Long -term use is indicating tolerance to medication. In addition, the claimant is currently taking it in combination with oral NSAIDs and topical analgesics. There is no indication failure. The continued use of Norco is not medically necessary.