MAXIMUS Federal Services

Case Number:	CM15-0216278		
Date Assigned:	11/06/2015	Date of Injury:	10/04/2013
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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 53-year-old male who sustained an industrial injury on 10-4-2013 and has been treated for lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy; medication induced gastritis; and, cervical herniated nucleus with bilateral upper extremity radiculopathy with associated cervicogenic headaches and post-concussive syndrome. On 9-23-2015, the injured worker reported low back pain 7 out of 10 with medication, but as high as 9 out of 10 without. The physician noted that this still limits mobility and activity intolerance. He also reported neck pain radiating down both upper extremities and is noted to have "significant" disc protrusions from C2-5, and C6 radiculopathy on the left. Objective findings included cervical and lumbar tenderness to palpation bilaterally, increased muscle rigidity, trigger points, and decreased range of motion. Guarding was noted. Neurological examination revealed decreased sensation with Wartenberg pinprick wheel along the lateral arm and forearm bilaterally in the C5-6 distribution. Documented treatment includes physical therapy, chiropractic treatment, injections, extracorporeal shockwave therapy, and as of 9-23-2015, his medication regimen was stated to consist of Norco twice a day, Anaprox, and Prilosec for gastritis. Norco is noted in the medical record for at least three months. The physician states that the injured worker has "no abuse potential" or "at risk behavior" with medication, has a current opioid contract, and is regularly monitored through urine drug testing and CURES review. The physician states that the injured worker and family report a greater than 50 percent improvement in pain, function, sleep, activities of daily living, self-care, family participation and quality of life with the current medication regimen. A request was submitted for a refill of Norco 10-325 mg #60, which was non-certified on 10-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids on chronic pain.

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. Long-term use is not recommended. Pain reduction attributed to Norco is unknown. There is no mention of weaning or Tylenol failure. Continued use of Norco is not medically necessary.