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| Case Number: | CM15-0222298 | | |
| Date Assigned: | 11/18/2015 | Date of Injury: | 08/24/2006 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 11/06/2015 |
| Priority: | Standard | Application Received: | 11/12/2015 |

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 68 year old male, who sustained an industrial injury on 8-24-06. The injured worker was being treated for multiple level facet disease of lumbar spine, compression fracture L1 and possible mild compression fracture L2. On 8-25-15 the injured worker complained of ongoing centralized low back pain rated 7 out of 10 and decreased 3 out of 10 and on 10-27-15, the injured worker complains of low back pain rated 7 out of 10 which is helped with medications and he is taking less medication than prescribed. The level of pain prior to and following administration of medication is not indicated nor is the duration of pain relief. Physical exam performed on 8-25-10 revealed limited range of motion with tenderness to palpation over the paraspinal muscles in lumbar region bilaterally and 10-27-15 diffuse pain in lumbosacral spine, restricted range of motion and an antalgic gait. Treatment to date has included oral medications including Norco 10-325mg (since at least 2-26-15 without indication of improvement in pain or function); and activity modifications. The treatment plan included request for Norco 10-325mg #90. On 11-6-15 request for Norco 10-325mg #90 was modified to #30 by utilization review.

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 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Norco is not medically necessary.